#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

NO	
File _	
是不得	7-12.90
	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 6-21-90

Name of Physician Markan Wyesbschuty, W. M.

MALE APPLICANT	FEMALE APPLICANT
Date of Birth Day Year	Jesa Marie Hunkem
Place of Right (State or foreign country)	Place of Birth (State or foreign country)
Jendricks Co. Wanville M.	Marion Co., Shapes Smeana
Residence Address Street or R.R. City Country State A. 46/67	Residence Address Street of R.R. City County State A 46/12
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify) Linux Levels Levels
1. Are you now or have you ever been adjudged to be of unsound mind? No TYes   If answer is "yes," has the adjudication been removed? No Xes	Are you now or have you ever been adjudged to be of unsound mind? No Yes      If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No D Yes	2. Are you related to the male applicant closer than second cousin? No   Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No 💆 Yes 🗆
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	e (a) Nil some of fother
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign couptry)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Lowall Lloyd Burkey	7. (a) Full name of applicant's cock Edward Durken
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Inliana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of application and the disk and the same things	(b) Full maiden name of applicant's
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Applicant Date 7-12-10	Signature of Applicant Lisa M. Durham Date 1/12/90
- 0//	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss:   I swear/affirm that the information given	State of Indiana HENDRICKS  State of Indiana HENDRICKS  Ss: I swear/affirm that the information giver in this application is true and correct.
State of Indiana HENDRICKS  ) ss: I swear/affirm that the information given in this application is true and correct.	
Signed & Jeffs a. Socks	Signed Lisa M. Neirham
New Address of 19143 Eagle Root, clayd, ch.	New Address & 448 Cagle's Root Nr. Inaple
Subscribed and sworn to before me this 2 day of HENDRICKS Circuit Court	New Address HIB Cagles Root Nr. Ondobs  Subscribed and sworn to before me this 2 day of HENDRICKS  Circuit Cour
	Clerk of the Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
	The second secon
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County of	County of)
Signed Father Signed Mother	Signed Father
Signed Mother Subscribed and sworn to before me this day of 19	Signed Mothe
Clerk	Subscribed and sworn to before me this day of 19 Clerk
COMPLETE IE MADDIAGE LICENSE ISSUED BY CORDED OF COLUMN	
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana
	EFFREY ALAN BERKEY
dated 7-12-90 , authorizing the marriage of	and.
LISA MARIE DURHAM	
I further certify that the following marriage certificate was filed in my o	
I,CARL R. PROKOP, JR. (name), certify that	
HENDRICKS County, Indiana, JEFFREY ALAN	
IN(state), andLISA MARIE DURHAM	of HENDRICKS County
	under a marriage license that was issued by the Clerk of the Circu.
Court of County, Indiana, dated 7	
Signed by: /s/ CARL R. PROKOP, JR. ASSOCIATE P.	
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed banie fauser Cler
AFMI/PD I	HENDRICKS Circuit Court

Date of Birth

Residence Address

Last Marriage Ended By:

(a) Full name of father

of dependent children

(b) Full maiden name of mother

of dependent children

(a) Full name of applicant's \

mother

immune deficiency syndrome

State of Indiana HENDRICKS

Signed

New Address

State of Indiana HENDRICKS

Signed

Subscribed and sworn to before me this \_

Subscribed and sworn to before me this \_

CONSENT OF PARENTS, PARENT, OR GUARDIAN

state facts which make the consent of the other parent unnecessary.

Signature of Applicant

Clerk of Court

County of

County of \_

and filed in\_

(b) Full maiden name of applicant's

acknowledgment because of religious beliefs

Place of Birth (State or foreign country)

Previous Marital Status: Never Married

#### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

File	7 10 0	III TO
	Date of Application	

388

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

MALE APPLICANT

City

OR

Divorce &

County

Annulment

No/D

No 🗆

No /

No D

No D

Date

in this application is true and correct

Month

Death

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

Are you now under the influence of a narcotic drug?

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

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

Residence of father (if deceased, so state)

Birthplace of father (State or foreign country)

Residence of mother (if deceased, so state)

Birthplace of mother (State or foreign country) \_

**ACKNOWLEDGMENT** 

SAME

Clerk of the \_

\_ day of \_\_\_

\_\_\_\_ County, Indiana, \_\_\_\_

Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_

\_\_ (state), and \_\_\_\_

\_\_\_\_\_, authorizing the marriage of \_\_\_\_

\_ County, Indiana, dated \_\_\_\_

Signed \_

List the full names of any dependent children...

Are you now under the influence of an alcoholic beverage?

Date of birth verified by: 

Birth Certificate 
Other (Specify)

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

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

Street or R.R.

Medical Examination or Report Dated Crowndur belica Name of Physician \_ FEMALE APPLICANT Date of Birth Month Place of Birth (State or foreign country) diana Residence Address County Previous Marital Status: Never Married Divorce Last Marriage Ended By: Death Annulment Date of birth verified by: 

Birth Certificate Other (Specify) Yes Yes 🗆 Are you now or have you ever been adjudged to be of unsound mind? No No 🗆 If answer is "yes," has the adjudication been removed? Yes 🗆 Are you related to the male applicant closer than second cousin? No 0 Yes 🗆 No Yes Yes 🗆 Are you now under the influence of an alcoholic beverage? Yes 🗆 Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children. \_\_ 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) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's 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 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs Clerk of Court Date I swear/affirm that the information given I swear/affirm that the information given State of Indiana HENDRICKS ication is true and correct. County of Subscribed and sworn to before me this HENDRICKS Circuit Court HENDRICKS Clerk of the Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS County of \_ Father Father Signed Mother Signed Subscribed and sworn to before me this \_\_\_\_ Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 \_\_\_\_ County, Indiana, I further certify that the following marriage certificate was filed in my office: (date), at \_\_\_\_ (name), certify that on \_\_\_ \_\_\_\_ County, (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit \_\_\_\_\_ (official designation)

\_ (date).

HENDRICKS

\_ Clerk

\_Circuit Court

Court of \_\_\_ Signed by: \_\_\_

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

7-12-90
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

Arter S. Warnen

MALE APPLICANT	FEMALE APPLICANT
Name Direct Charles Class	Name Mistirst Middle Calledon Cast noon
Date of Birth Output 15 Day 1941 Year	Date of Birth Alecenture 31, Pay 90 Year
Place of Right (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or M.R. City County State	Residence Address Street or R.R., City, County State
603 W. Main St. Plainfield th. 46168	603 EU. Main St. Murfiell, Holle 8
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death Death Annulment D
Date of birth verified by:   Birth Certificate   Other (Specify) Lorwers Lecinse)	Date of birth verified by:   Birth Certificate   Other (Specify) Lorens Laura
1 Are you now or have you ever been adjudged to be of unsound mind? No Ves	1. Are you now or have you ever been adjudged to be of unsound mind? No Ves
Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐     If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No IZ Yes	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?  No   Yes  Yes	3. Are you now under the influence of an alcoholic beverage? No 🖾 Yes 🗆
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No  Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mether	(b) Full maiden name of mother of dependent children
of dependent children	Besidence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	7. (a) Full name of applicant's
father	father Thomas allen surson
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Ahrley Gret Cline	(b) Full maiden name of applicant's such King
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Soys Canul Date 7-12-90	Signature of Applicant X John Sp. Johnson ate 2 July 9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by outh or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.  Clerk of Court  Date
Clerk of Court Date	
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana HENDRICKS  Satisfy State of Indiana HENDRICKS  Satisfy State of Indiana HENDRICKS  Satisfy State of Indiana HENDRICKS  I swear/affirm that the information given in this application is true and correct.
County of	122100
Signed & Sony Canall	Signed X Hota M. Johnson
New Address SAME	New Address & SAMJE
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Clerk of the Circuit Court	Clerk of the Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	Control of the second of the second
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County of)	County of)
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 19
Clerk	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 authorizes and directs the	Court, by written order issued
and filed in, authorizes and directs the	Issuance of a marriage needse to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I 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	TONY EUGENE CARROLL and
NOLA MATILDA JOHNSON	
I further certify that the following marriage certificate was filed in my	office:
	on
	RROLL of HENDRICKS County,
	ON of HENDRICKS County,
HENDRICKS HENDRICKS	d under a marriage license that was issued by the Clerk of the Circuit
Court of County, Indiana, dated7	-26-90
Signed by: /s/ ROBERT E. JONES PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana o	n 7-26-90 (date).
The and recorded in accordance with the laws of the blate of indiana o	
	Signed Jonne Jawan Clerk

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No.	270
File	
	7-13-90
500	Date of Application

\_Circuit Court

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

Female

Medical Examination or Report Dated

Medical Examination or Report Dated Female

MALE APPLICANT	FEMALE APPLICANT
Name Matthew Time Hessian	Name First Middle M Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City Quanty State
Same >	12 Flource Dr. Blong
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married  OR
Last Marriage Ended By: Death □ Divorce ♠ Annulment □	Last Marriage Ended By: Death □ Divorce ↓ Annulment □
Date of birth verified by:   Birth Certificate Cother (Specify)	Date of birth verified by: Birth Certificate Q Other (Specify) Dr. 1 12.
1. Are you now or have you ever been adjudged to be of unsound mind? No the Yes	Are you now or have you ever been adjudged to be of unsound mind? No      Yes □
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No   ✓ Yes □	2. Are you related to the male applicant closer than second cousin? No 💢 Yes 🗆
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No   Yes □  5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Samuel & Harris	7. (a) Full name of applicant's baderick, M. Macable
Residence of father (if deceased, so state) Blows And	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
Residence of mother (if deceased, so state)	mother ganet W. Dyard
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
- Committee of the comm	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant XDEDEACH Macabee Date 7-13-90	
Signature of Applicant Andrews Date 1 10 10	Signature of Applicant Watthery /essen Date 7-13-92
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana   I swear/affirm that the information given	
County of	State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
Signed XLEDEA OF MACABEE	Signed & Matthew J. Hessen
New Address	New Address
Subscribed and sworn to before me this 13 day of Subscribed and sworn to before me this	Subscribed and sworn to before methis 13 day of July 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of) ss:
SignedFather	Signed Father
Signed Mother  Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Court, by written order issued
and filed in, authorizes and directs the i	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clark of the Cinetic Control HENDRICKS
dated, authorizing the marriage of	MATTHEW J. HESSION and
DEBRA L. MACABEE	
I further certify that the following marriage certificate was filed in my of	fice:
I, DANIEL B. DONOHOO (name), certify that of	on 8-3-90 (date), at BROWNSBURG in
HENDRICKS County, Indiana, MATTHEW J. HESSIG	
IN (state), and DEBRA L. MACABEE	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 8-3-	
Signed by:/s/ DANIEL B. DONOHOO CATHOLIC PI	RIEST (official desired)
	(official designation) 8-6-90
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed Conne Janson Clerk
AFML/PD1	HENDRICKS Circuit Court

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

	No.	
7_	13	90
Date o	f Applica	ation

391

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

Female

Medical Examination or Report Dated 7-12-98

Name of Physician 7. 12-98

No.

File

MALE APPLICANT	FEMALE APPLICANT
Name Of First of Middle Cast	Name Virginia Suigen Past
Date of Birth Month Day Year 43	Date of Birth Month Day 4 Year 5/
Place of Birth (State or Toreign country)	Place of Birth (State or tereign country)
Residence Address Street or R.B. City County, State	Residence Address Street of A)R. City County State
422 11 Diplet Mishawake, Sn.	43 ryal Taik The Drawnshing;
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🔽 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗆
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	Are you related to the male applicant closer than second cousin?     No
3. Are you now under the influence of an alcoholic beverage?  No ✓ Yes □  4. Are you now under the influence of a narcotic drug?  No ✓ Yes □	3. Are you now under the influence of an alcoholic beverage?  No □ Yes □  4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Resin Ray 16 y
	Tyle Kny 15 yrs.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children  Residence of mother (if deceased, so state)	of dependent children
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's of Conf	7. (a) Full name of applicant's 7/ mc 7/2ma
Residence of father (if deceased, so state) South Bend, In.	Residence of father (if deceased, so state) Brunnblung,
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother R. R.	mother Manual Hayes
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
Shapitoo of motion (outloor or	A Superior of Marie Country (State of Marie Country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Charles Cook Date 2-13.90	immune deficiency syndrome).  Signature of Applicant Uurginia S. Roy Date 7-13-90
Signature of Applicant Charles Cool Date 2-13.90	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss:   I swear/affirm that the information given	State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
county of	
Signed Charles Cook	Signed Virginia S. Roy
New Address 43 Hyde Park Brownshorg IN	New Address Satral
Subscribed and sworn to before me this 13th day of July 1970  HENDRICKS  Circuit Court	Subscribed and sworn to before me this 13 a day of HENDRICKS  Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Chate of Indiana	
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Fathe
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
	HENDRICKS
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of County, Indiana
dated $7-13-90$ , authorizing the marriage of CH	ARLES WILLIAM COOK and
VIRGINIA SUSAN ROY	
I further certify that the following marriage certificate was filed in my o	
I, JAMES D. JONES (name), certify that	on
ST. JOSEPH County, Indiana, CHARLES WILLIAM	COOK of ST. JOSEPH County
4000HD (1) 2 PRESIDE TO 1988 전 10 HERENESE HOUSE HERENESE PRESIDENCE TO 1987 HERENESE HOUSE HERENESE TO 1987	y of HENDRICKS County
	l under a marriage license that was issued by the Clerk of the Circu
Court of HENDRICKS County, Indiana, dated 7-	
	R PASTOR (official designation)
	8-1-90
Filed and recorded in accordance with the laws of the State of Indiana of	n (date).
	Signed Land Cler
AFML/PD 1	HENDRICKS Circuit Cour

# 300

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

No.	392
File	
	Date of Application

\_Circuit Court

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

Medical Examination or Report Dated Name of Physician Laura Smith

MALE APPLICANT	FEMALE APPLICANT
Name David Thiddle Dsmiglowski	Name BetFirst AMiddle Mastosky
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County 1 State
Previous Marital Status: Never Married OR	- 12 ti 0160 0000 tol. 1 140 . TIO
Last Marriage Ended By: Death □ Divorce □ Annulment □	Previous Marital Status: Never Married ** OR
Date of high weighted by T. D. W. C. W. C.	Last Marriage Ended By: Death Divorce Annulment
	Date of birth verified by:   Birth Certificate  Other (Specify)  Or. Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No ★ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No 🕱 Yes 🗆
If answer is "yes," has the adjudication been removed?  No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
<ul> <li>2. Are you related to the female applicant closer than second cousin? No ♥ Yes □</li> <li>3. Are you now under the influence of an alcoholic beverage? No ★ Yes □</li> </ul>	2. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of an alcoholic beverage? No 12 Yes   4. Are you now under the influence of a narcotic drug? No 12 Yes   4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage?  No   Yes □  4. Are you now under the influence of a narcotic drug?  No   Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father
Residence of father (if deceased, so state)	of dependent children
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of mother	Birthplace of father (State or foreign country)(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's	Birthplace of mother (State or foreign country)
father Monald John Comia louski	7. (a) Full name of applicant's Stevan J. Molosky
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	Birthplace of father (State or foreign country)
mother telische Mary Dessolo	(b) Full maiden name of applicant's Phyllis Ann Forth Port
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) North Parolina
Birthplace of mother (State or foreign country) Williags	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	CHARLES AND ADDRESS OF THE PROPERTY OF THE PARTY OF THE P
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	I that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant & Devol Chrisopushi Date 7-14-90	immune deficiency syndrome).  Signature of Applicant X Buth Moloby Date 7-16-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ss:   swear/affirm that the information given
	in this application is true and correct.
Signed X Carel Usmaloushi  New Address	Signed & Beth Malosky
Subscribed and sworn to before me this 7 day of 45 90	New Address
Clerk of the HENDRICKS Circuit Court	Subscribed and sworp to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent sizes	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana	
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	county of)
Signed Mother	Signed Father
Subscribed and sworn to before me this day of 19	Signed Mother Subscribed and sworn to before me this doubt
Clerk	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	Clerk
County	marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorizes and directs the is	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	
certify that there was filed in my office a marriage license issued by the C	Monk of the Circuit Co HENDRICKS
lated 5 -16.95	County, Indiana,
lated, authorizing the marriage ofDAV.	ID J. OSMIALOWSKI and
BETH A. MALOSKY	
further certify that the following marriage certificate was filed in my off.	ice:
STEPHEN J. MALOSKY (name), certify that of	n 8-25-90 (date), at DANVILLE
HENDRICKS County, Indiana, DAVID J. OSMIALOW	VSKI HENDRICKS
IN (state), and BETH A. MALOSKY	of HENDRICKS County,
IN (state) were married by me as authorized a	under a marriage license that was issued by the Clerk of the Circuit
ourt of HENDRICKS County, Indiana, dated 8=	25-90
igned by: _/s/ STEPHEN J. MALOSKY , EPISCOPAL PR	TEST (CELLIA)
iled and recorded in accordance with the laws of the State of Indiana on _	8-28-90 (date).
Si	igned Tonnie Janson Clerk
ML/PD1	HENDRICKS C:

STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

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 & Middle & Last &	Name Prist Middle INC hast	
Date of Birth Month Day	Date of Birth Month Day Year	
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)	
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State	
- 5112 Ridge Broom Blog And	5725 Wyckfield Way Jidglo.	
Previous Marital Status: Never Married  OR	Previous Marital Status: Never Married OR	
Last Marriage Ended By: Death □ Divorce 15 Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □	
Date of birth verified by:   Birth Certificate  Other (Specify)	Date of birth verified by: Birth Certificate Q Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind? No 🖎 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No   ✓ Yes □	
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?  No Yes	
2. Are you related to the female applicant closer than second cousin? No ♥ Yes □	2. Are you related to the male applicant closer than second cousin? No ♥ Yes □	
3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □	3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □	
4. Are you now under the influence of a narcotic drug? No ☐ Yes □	4. Are you now under the influence of a narcotic drug? No D Yes	
5. List the full names of any dependent children.	5. List the full names of any dependent children.	
6. (a) Full name of father	a a sulland	
of dependent children	6. (a) Full name of father of dependent children	
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
7. (a) Full name of applicant's Evalue & Present 50	7. (a) Full name of applicant's $\sqrt{2}$	
Residence of father (if deceased, so state) Wimphis TO	father land femand Minyard	
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's	
mother "Marga Mally Ma	mother Verna Mas Solution	
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)	
Shapace of motion (Glate of Totalgir country)	Birthplace of mother (State or foreign country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the time that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases	
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant Description Date 7-16-80	Signature of Applicant ARabelle Le Milai Date 7-16-90	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.	
	Clerk of Court Date	
State of Indiana HENDRICKS   I swear/affirm that the information given county of in this application is true and correct.	State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	
Signed X Lugar hand for	Signed Rabble Le M. Plain	
New Address	New Address	
Subscribed and sworn to before me this day of the 1990	Subscribed and sworn to before me this \(\frac{1}{2}\) day of \(\frac{1}{2}\).	
Clerk of the MENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary	
State of Indiana HENDRICKS ) ss:	Contract Ladina	
County of) ss:	State of Indiana HENDRICKS ) ss:	
Signed Father	Signed Father	
Signed Mother	Signed Mother	
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19	
Clerk	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, authorizes and directs the i	Court, by written order issuedssuance of a marriage license to the above named parties	
RETURN OF MARRIAGE LICENSE		
I certify that there was filed in my office a marriage license issued by the (		
dated, authorizing the marriage ofEUG	ENE L. PRESCOTT and	
RACHELLE L. McCLAIN		
I further certify that the following marriage certificate was filed in my of	fice	
I, JAMES D. SPENCER (name), certify that on 7-20-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, EUGENE L. PRESCOTT of HENDRICKS County		
	- Hanton County,	
	under a marriage license that was issued by the Clerk of the Circuit	
Court of County, Indiana, dated		
Signed by:/s/ JAMES D. SPENCER, PLAINFIELD TO	OWN COURT (official designation) JUDGE	
Filed and recorded in accordance with the laws of the State of Indiana on	7-24-90 (date).	
AFML/PD 1	HENDRICKS Clerk	

### 302

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 — Mark Stice

MALE APPLICANT	FEMALE APPLICANT
Name First Middle . Last	Name First Middle Last Lucas
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
OZ .	10
Residence Address Street or R.R. City County State 9230 + 400 N B burg Th	Residence Address Street or R.R. City County State  Stopple Lane Hot. 5 Bburg TO
Previous Marital Status: Never Married EL OR	Previous Marital Status: Never Married P. OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Last Marriago Erioco Dy.	Date of birth verified by:   Birth Certificate   Other (Specify)   Or. Lic.
Date of birth verified by: ☐ Birth Certificate 1 Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes 🗆
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?  No □ Yes □  Are you related to the male applicant closer than second cousin?  No ☑ Yes □
2. Are you related to the female applicant closer than second cousin? No 🕱 Yes 🗆	2. 710 )04 104104 10 110 110 110
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes □	S. Are you now under the minderioe of an alcoholic best and
4. Are you now under the influence of a narcotic drug? No 🔽 Yes 🗆	4. Are you now under the influence of a narcotic drug?  No V Yes   5. List the full names of any dependent children.
5. List the full names of any dependent children.	5. List the full flames of any deportuon of the first the full flames of any deportuon of the first the full flames of any deportuon of the first the full flames of any deportuon of the first the
	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother of dependent children
of dependent children	Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	7. (a) Full name of applicant's 5
7. (a) Full name of applicant's Wlen Robert Philips	tather that fully fully
Residence of father (if deceased, so state) Shing and.	Residence of father (if deceased, so state) Sind plan.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Karen Lee James	(b) Full maiden name of applicant's 2 Say Magazin
	Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Billiplace of mother (state of foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Martin A. Martin Date	Signature of Applicant Augustus Date
	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana County of HENDRICKS State of Indiana HENDRICKS State of Indiana HENDRICKS State of Indiana HENDRICKS State of Indiana I swear/affirm that the information given in this application is true and correct.
State of Indiana County of HENDRICKS  Satisfy State of Indiana HENDRICKS  Satisfy State of Indiana I swear/affirm that the information given in this application is true and correct.	. Hit is a straight and the property of the first that the factorial of the straight of the st
Signed X Martin R Mayor	signed * Welledy Lucles
New Address	New Address
Subscribed and sworn to before me this 12 day of Subscribed and sworn to before me this 12 day of Subscribed and sworn to before me this 15 day of Subscribed and sworn to before me this 15 day of Subscribed and sworn to before me this 15 day of Subscribed and sworn to before me this 15 day of Subscribed and sworn to before me this 15 day of Subscribed and sworn to before me this 15 day of Subscribed and sworn to before me this 15 day of Subscribed and sworn to before me this 15 day of Subscribed and sworn to before me this 15 day of Subscribed and sworn to before me this 15 day of Subscribed and sworn to before me this 15 day of Subscribed and sworn to before me this 15 day of Subscribed and sworn to before me this 15 day of Subscribed and sworn to before me this 15 day of Subscribed and sworn to before me this 15 day of Subscribed and sworn to before me this 15 day of Subscribed and sworn to before me this 15 day of Subscribed and sworn to 15 day of Subscribed and S	Subscribed and sworn to before me this 12 day of
Clerk of the HENDRICKS Circuit Court	Course Lawor Clerk of the AENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County of)	County of)
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	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 authorizes and directs the	Court, by written order issued
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
10의 (1995) (1994) [1일 (1995) : 4세계 [1995] [1996] [1996] [1996] [1996] [1996] [1996] [1996] [1996] [1996]	
dated, authorizing the marriage of	MARTIN R. PHILLIPS and
WENDY K. LUCAS	
I further certify that the following marriage certificate was filed in my	
I DAVID I TOUNGON (name) certify the	t on8-25-90 (date), atCLERMONT in
MARION County, Indiana, MARTIN R. PHILLI	
IN (state), and WENDY K. LUCAS	
	d under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated	8-25-90
Signed by:/s/ DAVID L. JOHNSON , MINISTER	하이지 않아보다 하다 하는 사람들이 되었다. 이 경에 되었다면 하는 사람들이 되었다면 하는 것이 없는 것이 없는데 되었다면 하는데 없다면 하
	8-28-90
Filed and recorded in accordance with the laws of the State of Indiana	on (date).
	Signed Mine Tours Clerk
	HENDRICKS Circuit Court
AFML/PD 1	Circuit Court

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No.	395
File	
	7-17-90
	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 Solvans HCH

Name   First   Middle   Last   Morth   Day   Year   Day   Day   Morth   Day   Morth   Day   Year   Day	MALE APPLICANT	FEMALE APPLICANT
and Birth (files or Principle control)  The Control of Birth (Principle Control)  The Control of Birth (Principle Control)  And part and the Control of Birth (Principle Control)  And part and the Control of Birth (Principle Control)  And part and the Control of Birth (Principle Control)  And part and the Control of Birth (Principle Control)  And part and the Control of Birth (Principle Control)  And part and the Control of Birth (Principle Control)  And part and the Control of Birth (Principle Control)  And part and the Control of Birth (Principle Control)  And part and the Birth (Princi	C Firet Middle Last	Name ( ) Indi
The part of the Design control of the Control of th	Robert Arnold Couch	Debute
and then the street of the country o	e of Birth Month	
Account Edward 18, Coar Company and a compan	and c	10
Leaf Marriage Crosed by Common Chromosom Common Com	idence Address Street of him.	Healdering Hadres Control
Late Manage Sould By Death Developed	vious Marital Status: Never Married D OR	Previous Marital Status: Never Married A OR
County of Service Services (County County)  As you can a flower you were been adjusted to be an execution of the services of t	Annulment [	Last Marriage Ended By: Death Divorce Annulment
As you can we have a subscription be an elementary of the company	t Marriage Ended By. Death C Division L	Date of birth verified by: Birth Certificate  Other (Specify)
As you not want the full time of the property	e of birth verified by: Birth Certificate Uniter (Specify)	(2007년 NGC 10 10 10 10 10 10 10 10 10 10 10 10 10
If answer in you're the base allow projected colors the second country   And projected colors the second country   And projected colors	Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □	
As you can work the influence of an exclusive inversignal way for your work the influence of a reaccide depair.  As you can work the influence of a secretic direct.  As you can work the influence of a secretic direct.  (a) Full reaccide a faithful the influence of a secretic direct.  (b) Full reaccide a faithful the influence of a secretic direct.  (c) Full reaccide a faithful the influence of a secretic direct.  (c) Full reaccide a faithful the influence of a secretic direct.  (d) Full reaccide a faithful the influence of a secretic direct.  (e) Full reaccide a faithful the influence of a secretic direct.  (e) Full reaccide a faithful the influence of a secretic direct.  (f) Full reaccide a faithful the influence of a secretic direct.  (e) Full reaccide a faithful the influence of a secretic direct.  (f) Full reaccided and influence of a secretic direct.  (f) Full reaccided and influence of a secretic direct.  (f) Full reaccided and influence of a secretic direct.  (f) Full reaccided and influence of a secretic direct.  (f) Full reaccided and influence of a secretic direct.  (f) Full reaccided and influence of a secretic direct.  (f) Full reaccided and influence of a secretic direct.  (f) Full reaccided and influence of a secretic direct.  (f) Full reaccided and secretic direct.  (f) Fu	If answer is "yes," has the adjudication been removed:	
As you now under the influence of an execute drop?  Lut to he is a amount of the principle	Are you related to the female applicant closer than second coast.	
Second content of the content of t	Are you now under the influence of an alcoholic bevoluge.	4. Are you now under the influence of a narcotic drug? No D Yes
(iii) Full name of lattice of degreeded father (if deceased, as state) Birthroaded father (if deceased, as stat		5. List the full names of any dependent children.
(dip Full manse of tension of the control of the co		THE RESIDENCE OF THE PARTY OF T
Readed-on of Intentry (if decisionals, to taken) Biomographic place (intentry country) (it) Full macking factor of mother Graphics of mother (if decisionals, to staken) Biomylaces of m	(a) Full name of father	
Bernplack of foreign controlly of of opposite files and or foreign controlly of of opposite files of other controlled on the controlled on		Residence of father (if deceased, so state)
(b) Full masker name of incolorer of deceased, politically interest of the interest of		Birthplace of father (State or foreign country)
The activate of information requiring deepwork control (State of toroign country)  (b) Pull marked registers of strong country)  (b) Pull marked registers of strong country)  (c) Pull marked registers of strong country)  (d) Pull marked registers of strong country)  (d) Pull marked registers of strong country)  (e) Pull marked registers of the country of t		
Residence of animal of deceases, to state)  The animal of applicant's state of the	of dependent children	
Beyingsee of morphic papers or properties of the		
Bishedone of father (if deceased, so state)  Birrippiace of father (if deceased, so state)  Birrippiace of father (if deceased, so state)  Birrippiace of mother (Blate or foreign country)  (b) Fill mades more depolecent's  Bishedone or depolecent's  Bishedone or depolecent's  Bishedone or mother (Blate or foreign country)  Bishedone or foreign country		7. (a) Full name of applicant's
Bisimplace of state (Blate of foreign country)  (b) Fill madern rame of applicant's Months' mother Related on or foreign country)  Residence of mother (if decessed, so state)  Residence of mother (if d	father / / / / / / / / / / / / / / / / / / /	father
(b) Full madern name of applicant's manufacture of mother (if decessed, to state)  Birriplace of mother (if decessed, to state)  Federates of mother (if dec	Hesiderice of father (if deceases, 55 state)	
Pesterone of mother (if decessed, so state)  ACKNOWLEDGMENT ACKNOW		
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The accoveration because of religious beliefs.  Date   Date   Date   Date	acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome).  Resignature of Applicant  Date	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  Signature of Applicant
Clerk of Court  Date  County of Data  Signed  Date  Date  Clerk of Court  Signed  Date  Date  Clerk of the HENDRICKS  Date  Date  Date  County of Data  Subscribed and sworn to before me this  Date  County of Data  Date  Date	The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
State of Indiana HENDRICKS  Signed Address  Subscribed and sworn to before me this day of 18 State of Indiana HENDRICKS  County of Signed Address  Subscribed and sworn to before me this day of 18 State of Indiana HENDRICKS  County of Mental HENDRICKS  Signed Mental HENDRICKS  S	cknowledgment because of religious beliefs.	Clerk of Court Date
Signed Subscribed and sworn to before me this day of the PENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR QUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Sligned Signed Mother  Signed Signed Mother  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Signed Signed Mother  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent signs, state for Indiana HENDRICKS occurry, the other parent unnecessary  Subscribed and sworn to before me this day of the Other parent signs, state for Indiana HENDRICKS occurry, Indiana, authorized the Subscribed and sworn to before me this day of the Other parent signs, tate for this applicant, hereby give consent for this marriage. It only one parent signs, tate for this applicant, hereby give consent for this marriage. It only one parent signs, tate for this applicant, hereby give consent for this marriage. It only one parent signs, tate for this applicant, hereby give consent for this applicant, hereby give consent for thi		State of Indiana ) I swear/affirm that the information given
New Address    New Address   Subscribed and sworn to before me this   day of   19   19   19   19   19   19   19   1	State of Indiana HENDRICKS ss: in this application is true and correct.	County of HENDRICKS
New Address    New Address   Subscribed and sworn to before me this   day of   19   19   19   19   19   19   19   1	Signed X Robert Covely	Signed XAVIborah (Johnson)
Subscribed and sworn to before me this	New Address Same As Above	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. It only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Father Signed Mother Signed Mother Signed Mother Signed Mother Signed Mother Signed Mother Subscribed and sworn to before me this day of 19 Cierk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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, and DEBORAH S. JOHNSON  If urther certify that the following marriage certificate was filed in my office:  I, STERLING PROCK (name), certify that on 7-21-90 (date), at DANVILLE in (state), and DEBORAH S. JOHNSON of HENDRICKS County, Indiana, dated 7-18-90  Court of HENDRICKS County, Indiana, dated 7-18-90  (date).  In (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-18-90  (date).	Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 19 HENDRICKS Circuit Court
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary.  State of Indiana HENDRICKS  State of Indiana HENDRICKS  State of Indiana HENDRICKS  State of Indiana HENDRICKS  State of Indiana HENDRI	Clerk of the HENDRICKS Circuit Court	
We, the parents of this applicant, hereby give consent for this marriage, if only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary.  Signed Signed Signed Signed Signed Mother Signed Mother Signed Signed Mother Signed Signed Mother Signed Signed Mother Signed	CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Subscribed and sworn to before me this	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
Signed Signed Mother Signed Mother Signed Signed Mother Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana and DEBORAH S. JOHNSON  I further certify that the following marriage certificate was filed in my office:  I, STERLING PROCK (name), certify that on 7-21-90 (date), at DANVILLE in (state), and DEBORAH S. JOHNSON of HENDRICKS County, Indiana, ROBERT A. COUCH of HENDRICKS County, Indiana, ROBERT A. COUCH of HENDRICKS County (state), and DEBORAH S. JOHNSON of HENDRICKS County (state), and DEBORAH S. JOHNSON of HENDRICKS County (state), and DEBORAH S. JOHNSON of HENDRICKS 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 7-18-90  Signed by: /s/ STERLING PROCK MINISTER (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 7-24-90 (date).	State of Indiana HENDRICKS ) ss:	County of
Signed	Signed Father	
Subscribed and sworn to before me this	Signed Mother	Signed Mothe
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana and DEBORAH S. JOHNSON  I further certify that the following marriage certificate was filed in my office:  I, STERLING PROCK (name), certify that on 7-21-90 (date), at DANVILLE is STERLING PROCK (name), certify that on 7-21-90 (date), at DANVILLE is IN (state), and DEBORAH S. JOHNSON of HENDRICKS County, Indiana, ROBERT A. COUCH of HENDRICKS County, Indiana, dated 7-18-90  Court of HENDRICKS County, Indiana, dated 7-18-90 (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 7-24-90 (date).	Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of 19
and filed inauthorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of		
and filed inauthorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above named parties, the
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana dated	County and directs to	Court, by written order issued
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana dated		
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of    DEBORAH S. JOHNSON	RETURN OF MARRIAGE LICE	
dated	Legrify that there was filed in my office a marriage license issued by t	he Clerk of the Circuit Court of HENDRICKS County, Indiana
DEBORAH S. JOHNSON   Ifurther certify that the following marriage certificate was filed in my office:   In	- 18 90 attacked the mannings of	PORERT A COUCH and
I further certify that the following marriage certificate was filed in my office:  I, STERLING PROCK (name), certify that on 7-21-90 (date), at DANVILLE in the state of Indiana, and India	dated, authorizing the marriage of	ROBERT A. COM.
I, STERLING PROCK (name), certify that on 7-21-90 (date), at DEROY County of HENDRICKS County (state), and DEBORAH S. JOHNSON of HENDRICKS County (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circle Court of HENDRICKS County, Indiana, dated 7-18-90  Signed by: /s/ STERLING PROCK , MINISTER (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 7-24-90 (date).		
I, STERLING PROCK (name), certify that on 7-21-90 (date), at DEROY County of HENDRICKS County (state), and DEBORAH S. JOHNSON of HENDRICKS County (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circle Court of HENDRICKS County, Indiana, dated 7-18-90  Signed by: /s/ STERLING PROCK , MINISTER (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 7-24-90 (date).	I further certify that the following marriage certificate was filed in m	y office:
HENDRICKS County, Indiana, ROBERT A. COUCH of HENDRICKS County  IN (state), and DEBORAH 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 Circle  Court of HENDRICKS County, Indiana, dated 7-18-90  Signed by: /s/ STERLING PROCK , MINISTER (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 7-24-90 (date).	STERLING PROCK (name), certify th	at on (date), at
IN (state), and	HENDRICKS County Indiana ROBERT A. COU	CH of HENDRICKS Count
LIN	IN (state) and DEBORAH S. JOHNSO	N Of HENDRICKS Count
Court of County, Indiana, dated 7-18-90  Signed by:/s/_ STERLING_PROCK, MINISTER (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 7-24-90 (date).	IN (state) were married by me as authori.	zed under a marriage license that was issued by the Clerk of the Circ
Signed by:/s/_ STERLING_PROCK,	HENDRICKS	7-18-90
Filed and recorded in accordance with the laws of the State of Indiana on 7-24-90 (date).	Court of County, Indiana, dated	R (official designation)
Signed Lowe Jourdan Cle	Filed and recorded in accordance with the laws of the State of Indiana	
		Signed Comme hander Cle

AFML/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

ile .		
	7-1	7-9

376

IC 31-7-9-1. Furnishing false information upon applying for license.

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

Female
Medical Examination or Report Dated 6-25-98
Name of Physician 2. Caller, H.D.

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Charles Joseph Least Last	Name Ramona Sul Treasure &
Date of Birth Month Day, 8 Year 5.3	Date of Birth Month Day Year 7
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)  Bleck Grave In
Residence Address Street of R.B. City County State La.	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR	
	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate Sother (Specify)	Date of birth verified by:   Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ♥ Yes □	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)(b) Full maiden name of mother	Birthplace of father (State or foreign country)  (b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father William Harman Leapard	7. (a) Full name of appticant's father Cicil Fredrick
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Muy Rickerson	(b) Full maiden name of applicants + Fred pink (Maide)
Residence of mother (if deceased, so state) Dugesta, La.	Residence of mother (if deceased, so state) Clayton, In.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the lest sites for the right shall also a list of the lest sites for the right shall be a list of the lest sites for the right shall be a list of the lest sites for the right shall be a list of the lest sites for the right shall be a list of the right shall b	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Marks Type Date 7-17-90	immune deficiency syndronge).
Signature of Applicant	Signature of Applicant hamwing & During 119
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HEATDRICKS // I swear/affirm that the information given	State of Indiana I swear/affirm that the information given
County of HENDRICKS   Swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss: I sweat/artiff that the information given in this application is true and correct.
Signed Mays I Supar	signed thannona & Subduck Millar
New Address Rt. 1 Box 29/A Claytonia	New Address
Subscribed and sworn to before me this 17 day of July 1990 146118	Subscribed and sworn to before me this 17 day of July 1998
Clerk of the HENDRICKS Circuit Court	Connie Know Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County or)	County of
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	Court, by written order issuedissuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 7-17-90 , authorizing the marriage of	CHARLES JOSEPH LEOPARD and.
RAOMONA SUE FREDRICK	
I further certify that the following marriage certificate was filed in my of	지내가 보다 하는 사람들은 아이를 살아가면 하는데 하는데 하는데 하는데 하는데 하는데 얼마나 없다면 하는데
I, H. THOMAS PITCHER (name), certify that	an 8-18-90 (1.4.) AVON
HENDRICKS County, Indiana, CHARLES JOSEI	
IN (state), and RAOMONA SUE FREI	DRICK HENDRICKS
(state), and	of County,
UENDRICKS Were married by me as authorized	under a marriage license that was issued by the Clerk of the Circuit
County, Indiana, dated	-17-90
Signed by: /s/ H. THOMAS PITCHER MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-22-90 (date).
	Signed James Tourses Clark

AFML/PD 1

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

Date of Application

HENDRICKS Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 \_\_\_\_\_\_

File

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Shimmel II	Name First Middle Kast + f
Date of Birth Month Day Year 1	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.B. City County State
Previous Marital Status: Never Married ID OR	Previous Marital Status: Never Married D OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate  Other (Specify Are 184 18 18 18 18 18 18 18 18 18 18 18 18 18	Date of birth verified by: Birth Certificate Dother (Specify) Alexander
Date of birth verified by. If birth definitions in Other (Specify)	Date of billin verified by. If Billin certificate (Specify) (Charles (Specify))
1. Are you now or have you ever been adjudged to be of unsound mind? No Ø Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?  No  Yes    2. Are you related to the female applicant closer than second cousin?  No  Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes   Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □
4. Are you now under the influence of a narcotic drug? No   ✓ Yes □	4. Are you now under the influence of a narcotic drug? No 🗹 Yes 🗆
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)(b) Full maiden name of mother	Birthplace of father (State or foreign country)  (b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)  7. (a) Full name of applicants	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's
father Almes a Hummel	father take Snits
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's A
mother fullina Marce Evon	mother there there there
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test, sites for the virus that causes AIDS (acquired	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency sypdrome).
Signature of Applicant from African Life June 118190	Signature of Applicant Aprile Double 2-18-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Connectation Date 1/18/90	Clerk of Court Conne Jawson Date 7/18/90
State of Indiana HENDRICKS  I swear/affirm that the information given in this application is true and correct.	State of Indiana ) ss: I swear/affirm that the information given
1 - 0/ 1-	County of HENDRICKS ) ss: in this application is true and correct.
Signed fines a. Hummel, I	Signed there mill
Subscribed and sworn to before me this 18 day of July 1990	New Address 645 Sinchous, Waintield, Supscribed and sworn to before me this 18th day of July 19 90
Cornel fall sor Clerk of the HENDRICKS Circuit Court	Superiored and sworn to before me this day of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
County or)	County of
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of 19	Signed Mother Subscribed and sworn to before me this day of 19
Clerk	Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
County	Court, by written order issued
and filed in, authorizes and directs the i	
and filed in, authorizes and directs the i	E AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the	E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana
RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the	E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana
RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana, ES A. HUMMEL, II and  fice:
RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana, ES A. HUMMEL, II and  Fice:  on 7-28-90 (date), at PLAINFIELD in
RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the dated	E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana  ES A. HUMMEL, II and  crice:  on 7-28-90 (date), at PLAINFIELD in  II of HENDRICKS County
RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the dated	E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,  ES A. HUMMEL, II and  fice:  on 7-28-90 (date), at PLAINFIELD in  II of HENDRICKS County,  of HENDRICKS County,
RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana, ES A. HUMMEL, II and  Crice:  on 7-28-90 (date), at PLAINFIELD in  II of HENDRICKS County,  of HENDRICKS County,  under a marriage license that was issued by the Clerk of the Circuit
RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana, ES A. HUMMEL, II and  fice: on 7-28-90 (date), at PLAINFIELD in II of HENDRICKS County, of HENDRICKS County, under a marriage license that was issued by the Clerk of the Circuit 8-90
RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana, ES A. HUMMEL, II and  fice: on 7-28-90 (date), at PLAINFIELD in II of HENDRICKS County, of HENDRICKS County, under a marriage license that was issued by the Clerk of the Circuit 8-90
RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana, ES A. HUMMEL, II and  fice: on 7-28-90 (date), at PLAINFIELD in II of HENDRICKS County, of HENDRICKS County, under a marriage license that was issued by the Clerk of the Circuit 8-90  OLIC PRIES@fficial designation)

AFML/PD 1

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the

#### STATE OF INDIANA

398

HENDRICKS

Circuit Court

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

Female

County

Date of Application

A person who knowingly furnishes false information to a clerk of the circuit court 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  Name of Physician  Medical Examination or Report Dated  Montper H.D.
MALE APPLICANT	FEMALE ADDITIONAL
Name First Luther Wayden J.  Date of Birth Month Day Year,	Name Share Middle gast U  Date of Birth Month, Day Year / (
Place of Birth (State or toreign country)  Residence Address Street or R.B. City County State  T13 Caston St. Brannshurg St.	Place of Birth (State or Jereign country)  Residence Address  Street or R.R. City County  State  8714 Legion Lane Endpls 946
Previous Marital Status: Never Married   OR  Last Marriage Ended By: Death   Divorce Annulment	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate Other (Specify)  Are you now or have you ever been adjudged to be of unsound mind? No Yes	Date of birth verified by:   Birth Certificate   Other (Specify)  Divine: Lie
<ol> <li>Are you now or have you ever been adjudged to be of unsound mind? No ∀ Yes □         If answer is "yes," has the adjudication been removed?         No □ Yes □     </li> <li>Are you related to the female applicant closer than second cousin? No ♥ Yes □</li> </ol>	Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐     If answer is "yes," has the adjudication been removed?      Are you related to the male applicant closer than second cousin?
<ul> <li>3. Are you now under the influence of an alcoholic beverage?</li> <li>4. Are you now under the influence of a narcotic drug?</li> <li>5. List the full names of any dependent children. Latisha Hayden</li> </ul>	<ul> <li>3. Are you now under the influence of an alcoholic beverage?</li> <li>4. Are you now under the influence of a narcotic drug?</li> <li>5. List the full names of any dependent children.</li> </ul>
6. (a) Full name of father of 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)	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)	(b) Full maiden name of mother of dependent children  Residence of mother (if deceased, so state)
7. (a) Full name of applicant's father Jayahn Ruther Hayden	7. (a) Full name of applicant's father Suit Suit Suit Suit Suit Suit Suit Suit
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Mae Woodey  Residence of mother (if deceased, so state) Brunshung.	(b) Full maiden name of applicant's mother Sellie Gean Hettman  Residence of mother (if deceased, so state) Ontology on the selling of the se
Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT	Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome).  Signature of Applicant  Date 7-18-90	I acknowledge that I have received information regarding 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
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
State of Indiana HENDRICKS   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.  Signed Skawx M Signed
New Address Same Subscribed and sworn to before me this 18 day of July, 19 90  Chine Rawan Clerk of the HENDRICKS Circuit Court	New Address 7/3 Easton Brownsburg  Subscribed and sworn to before me this 18 day of July 1990  Connie Court Clerk of the HENDRICKS  Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father Signed Mother Subscribed and sworn to before me this day of, 19	Signed Father Signed Mother
Clerk	Subscribed and sworn to before me this day of 19 Clerk
County authorizes and directs the is	A marriage license having been refused to the above named parties, the Court, by written order issued ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Clated $\frac{7-18-90}{}$ , authorizing the marriage of ${}$	
SHAWN MARIE DILL  further certify that the following marriage certificate was filed in my off	
MICHAEL D. KEELE (name), certify that of MARION County, Indiana, JOHN LUTHER HAYD	on 7-28-90 (date), at INDPLS in
IN (state), and SHAWN MARIE DILL  IN (state) were married by me as authorized in	of HENDRICKS County, under a marriage license that was issued by the Clerk of the Circuit
Court of County, Indiana, dated7=	28-90 GE-MARION CO. SMALL CLAIMS (Official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	7-31-90 (date).
	Signed Lane James (Clark

\_Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

AFML/PD 1

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

No.	399
File .	
1110	7-18-98
-	Date of Application

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

Medical Examination or Report Dated 4-25-98

Name of Physician Amil M. Fusak D.O. Female

MALE APPLICANT	FEMALE APPLICANT
Name Russell James Brack	Name Celia Middle In Last
Date of Birth Month Day / 2 Year 78	Date of Birth Month 7 Day 3 / Year 70
Place of Birth (State or Jogeign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
RK Dy 2024 Critisalien	ARI DAY 2027 Challevelle
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
ast Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate  Other (Specify)	Date of birth verified by: Sirth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes
2. Are you related to the female applicant closer than second cousin? No Pres	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No. ✓ Yes	4. Are you now under the influence of a narcotic drug?  No Yes  5. List the full names of any dependent children.
5. List the full names of any dependent children.  Nothaniel Brack (M)	nathaniel Brack / yr.
3. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Ray Brack	7. (a) Full name of applicant's father James Mayne Smith
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's marlene Russell	(b) Full maiden name papplicant's mother Tund Marie Mc Kinnel
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Plainfield, In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	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 (acquired immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the yirus that causes AIDS (acquir immune deficiency syndrome).
Signature of Applicant Sozall Burk Date	Signature of Applicant Lelia M MITH Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana HENDRICKS ) ss: I swear/affirm that the information give in this application is true and correct.
	111: 40
Signed Could Brook	Signed Click III. STRUETO
New Address Subscribed and sworn to before me this 18th day of July 1970	Subscribed and sworn to before me this 18 day of HENDRICKS
Conne River Clerk of the HENDRICKS Circuit Court	Council Leven Clerk of the HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	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 facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	Cata of Indiana Supramores A
County of	State of Indiana HENDRICKS ) ss:
	County or
Signed Father	
Signed Father Signed Mother	SignedFati
Signed Mother Subscribed and sworn to before me this day of, 19	Signed Fat
Signed Mother	Signed Fat Signed Mot Subscribed and sworn to before me this day of, 19
Signed Mother Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Signed Fatt Signed Mott Subscribed and sworn to before me this day of, 19  Classification of the control of the
Signed Mother Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. /	Signed Fatt Signed Mott Subscribed and sworn to before me this day of, 19  A marriage license having been refused to the above named parties, to Court, by written order issued
Signed Mother Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County authorizes and directs the interest of t	Signed Fatt Signed Mot Subscribed and sworn to before me this day of 19  CI A marriage license having been refused to the above named parties, t Court, by written order issued issuance of a marriage license to the above named parties.
Signed Mother Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county authorizes and directs the insertion of marriage Licensi	Signed Fat Signed Mot Subscribed and sworn to before me this day of 19  A marriage license having been refused to the above named parties, to Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE
Signed Mother Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the interest of the county authorizes are sized by the county authorizes are sized by the county and authorizes are sized by the county are sized by the county	Signed
Signed Mother Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the interest of the county authorizes are sized by the county authorizes are sized by the county and authorizes are sized by the county are sized by the county	Signed
Signed Mother Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county authorizes and directs the interest of the county authorizes and directs the interest of authorizing the marriage of dated 7-20-90, authorizing the marriage of	Signed
Signed	Signed

### 308

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

File	
	 The same

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Hines	Name Emily Middle Plast
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City Sounty State	Residence Address Street or R.R. City County State 328 D. Frant Brownsburg TO
Previous Marital Status: Never Married   OR	Previous Marital Status: Never Married TX OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate & Other (Specify) Dr. Lic.	Date of birth verified by: Birth Certificate Stother (Specify) Sr. Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐  Are you related to the female applicant closer than second cousin?  No ☑ Yes ☐	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes   Yes
3. Are you now under the influence of an alcoholic beverage? No ≰ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes □
4. Are you now under the influence of a narcotic drug? No   ✓ Yes □	4. Are you now under the influence of a narcotic drug? No X Yes 🗆
5. List the full names of any dependent children. 11/16e., Joshua	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's \( \times \) \( \times \)	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's
father William L. Mines	father <u>Laward</u> . Fierle
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) SrownShung TN
(h) Full maiden name of applicant's	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's \
mother Tatricia Ann Howell	mother Hazel Fatrick
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Bittiplace of mother (state of foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Laure of	immune deficiency syndrome). July M. Scille Date 7-19-9
Signature of Applicant Aguant Date 171710	the state of the s
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS ) ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana  HENDRICKS  ss:   I swear/affirm that the information given in this application is true and correct.
1 2001	County of
Signed X Belley W Nunes	Signed & Cerrely M. Scerle
New Address Same as above	New Address
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	
County of HENDRICKS / ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	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, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	HENDRICKS
	그들이 내용하는 점점 보고 아내는 아내는 아내는 이 사람들이 아무지 않는데 아무지
dated, authorizing the marriage of	KEVIN W. HINES and
EMILY M. PIERLE	그림 (조선) (하는 경기상) 이 전 경기 (조선) (조선 (조선) (조선) (조선)
I further certify that the following marriage certificate was filed in my of	
I, LARRY L. BELLVILLE (name), certify that	
HENDRICKS County, Indiana, KEVIN W. HINES	of HENDRICKS County,
(state), and EMILY M. PIERLE	of HENDRICKS 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 8-4	4-90
Signed by:/s/ LARRY L. BELLVILLEMINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	[2] 그리아 살았다고 있으고 있으면 하시아 이 왕으라 있다면 하셨다는 그리는 생각이 되었다면 하는 사람들이 없는 사람들이 없었다.
	Signed Langue Agustan Clerk
AFMI (PD )	HENDRICKS

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

No. 401
File 7-19-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Marvin Widdle Swarks .	Name of First' & Middle 1 Last
Date of Birth Month Day 2 Year 6 7	Date of Birth Month // Day 28 Year 66
Place of Birth (State or fereign country)	Place of Birth (State or foreign-country)
Residence Address / Street or R. Ro . City County . State	Residence Address Street or R.R. City County State
3960 Wand Drift Dr W. Indpls., In.	605 Nelson Or. Brownskurg
revious Marital Status: Never Married OR	Previous Marital Status: Never Married OR
ast Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify) Danies' Les	Date of birth verified by:   Birth Certificate   Other (Specify) Dunes Lee
	Are you now or have you ever been adjudged to be of unsound mind? No Yes □
. Are you now or have you ever been adjudged to be of unsound mind? No Yes   If answer is "yes," has the adjudication been removed? No   Yes	Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □     If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
i. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's	7. (a) Full name of applicant's A Lat +
father Marien Elmer Spacks, Al.	father Jack Meton Ison
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Zarono hung
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's starlene trewitt	(b) Full maiden name of applicant's mother and Tay Mays
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Bharnslikery.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOW! EDCMENT	ACKNOW FROMENT
ACKNOWLEDGMENT  acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Auth Cauls A Date 1-19-90	Signature of Applicant Date 7/19/97
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss:   swear/affirm that the information given in this application is true and correct.
County of	County of HENDRICKS ) in this application is true and correct.
Signed / lawww . Janks , A.	Signed South John
New Address SAME	New Address 3960 Wind Doit 18. W
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of 19
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
and the consent of th	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County of	County of) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	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, authorizes and directs the	
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana
dated 7-23-90 , authorizing the marriage of	MARVIN ELMER SPARKS JR. and
LORI LEE ISON	
I further certify that the following marriage certificate was filed in my of JAMES F. SPARKS	
, (name), certify that	on (date), at n
MARION County, Indiana, MARVIN ELMER SP	
	of HENDRICKS County
(state) were married by me as authorized	d under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated7_	28-90
Signed by: /s/ JAMES F. SPARKS , PASTOR	
Filed and recorded in accordance with the laws of the State of Indiana or	n 8-14-90 (date).
	Signed James Jawan Clerk

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

Name of Physician \_

Date of Application

\_Circuit Court

402

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

Female Medical Examination or Report Dated

MALE APPLICANT	FEMALE APPLICANT
Name Sterry William Marino	Name First Middle Last Crum
Date of Birth Month Day Year 1968	Date of Birth Month Day Year
Place of Birth (State or foreign country) Philipplanking Pa	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 15 46236	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR	Provious Marital Status, Nava Mariad I
	Previous Marital Status: Never Married OR
, . ,	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate DOther (Specify) Cheuns Reference	Date of birth verified by: Birth Certificate Gother (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 4 Yes
If answer is "yes," has the adjudication been removed? No   ☐ Yes □	If answer is "yes," has the adjudication been removed? No ⊕ Yes □
2. Are you related to the female applicant closer than second cousin? No Ves	2. Are you related to the male applicant closer than second cousin?
<ul> <li>3. Are you now under the influence of an alcoholic beverage?</li> <li>4. Are you now under the influence of a narcotic drug?</li> <li>No ☐ Yes ☐</li> </ul>	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No □ Yes □
List the full names of any dependent children.	Are you now under the influence of a narcotic drug?     No Yes       List the full names of any dependent children.
· 1000年11日 1000年12日 12日 12日 12日 12日 12日 12日 12日 12日 12日	
6. (a) Full name of father of dependent children	6. (a) Full name of father
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
7. (a) Full name of applicants.	Birthplace of mother (State or foreign country)
tather William allesander Joseph Mari	(a) Full name of applicant's father favort fynn Cruem
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Braunalrug, In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Lee Worth	(b) Full maiden name of applicant's Carleye Lewell
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) 13 nauns large lage
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Steppe Wr Marin Date Wy 19 1990	Signature of Applicant Jamara Leigh Crum Date July 19, 1990
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss:   I swear/affirm that the information given in this application is true and correct	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
y and approach of the and correct.	County of
Signed Stein W. Main	Signed Varnara Leigh Crum
New Address 3766 N. Tillotson #170 Muncie, IN 47.304 Subscribed and sworn to before me this 19 to day of July 1990	
The property of	Subscribed and sworn to before me this 19th day of July 1990  HENDRICKS  Clerk of the HENDRICKS
	Circuit Court  Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of)
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of 19
COMPLETE IS MARRIAGE LICENSE ISSUED BY ORDER OF COURT	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
	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	CL 1 44 CL 1 CL 1 HENDRICKS
dated 7/19/90 , authorizing the marriage of ST	TEVEN W. MARINO and
TAMARA L.CRUM	
I further certify that the following marriage certificate was filed in my of	ffice:
RICHRD D. PETERSON (name), certify that	on 8-4-90 (date), at BROWNSBURG in
HENDRICKS County, Indiana, STEVEN W. MARINO	
	county,
HENDDICKS	under a marriage license that was issued by the Clerk of the Circuit
County, Indiana, dated	
Signed by: /s/ RICHARD D. PETERSON MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-7-90 (date).
	Signed Source Source Clerk
VFML/PD I	HENDRICKS Circuit Court
	Circuit Count

of noise

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

No.	403
File .	
	7-19.90
	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

Name of Physician

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name First Middle & Last	Name Y First , Q Middle , Last
Date of Birth Month Day Year	Date of Birth Month Day Year
4 9 68	3 9 73
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State Hudres
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married TOR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Dother (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
	Are you now or have you ever been adjudged to be of unsound mind? No      Yes □
1. Are you now or have you ever been adjudged to be of unsound mind? No 🛱 Yes 🗆	If answer is "yes," has the adjudication been removed?
If answer is "yes," has the adjudication been removed?  No □ Yes □  No □ Yes □  No □ Yes □	2. Are you related to the male applicant closer than second cousin? No 🕱 Yes 🗆
Are you related to the female applicant closer than second cousin? No      Yes □     Are you now under the influence of an alcoholic beverage? No      Yes □	3. Are you now under the influence of an alcoholic beverage? No ⋈ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 19. Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7. (a) Full name of applicant's
father total Engue Kardan	tather Steven W. Mashinger
Residence of father (if deceased, so state) Language	Residence of father (If deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Marilum Stan Voolen	(b) Full maiden name of applicant's
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
bitalplace of motifici (state of foliagin country)	Distributed Grade of Totalgi Country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired, immune deficiency syndrome)
Signature of Applicant & North A. Record Date 7/19/80	Signature of Applicant XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ****   I swear/affirm that the information given	State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true a
State of Indiana HENDRICKS  Ounty of Iswear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss: in this application is true a
Signed X Swit A. Randon	Dutten of Mul
New Address Dane Da above	Signed All Control of the Control of
Subscribed and sworn to before me this 19 day of 1990	New Address  Subscribed and sworn to before me this 19 day of 2 day of 1990
Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of HE DRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS )
County of)	County of) ss:
Signed Father	Signed
Signed Mother	Signed
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	The state of the s
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named of
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
	HENDRICKS
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of County, Indiana,
dated 7-19-90 authorizing the marriage of SC	OTT ALAN RARDON and
KRISTINA BRANDY MILLS	
I further certify that the following marriage certificate was filed in my o	
I,	
MARION County, Indiana, SCOTT ALAN RARD	of County,
IN (state), and KRISTINA BRANDY M	
	under a marriage license that was issued by the Clerk of the Circuit
HENDRICKS	The Circuit
count of county, indiana, dated	-19-90
count of county, Indiana, dated	
Signed by: _/s/ DANNY VAUGHN JUDGE PR	O TEMPORE (official designation)
count of county, indiana, dated	-19-90 O TEMPORE (official designation)
Signed by: /s/ DANNY VAUGHN JUDGE PR	O TEMPORE (official designation)

403

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Sound B. Haggard

MALE APPLICANT	FEMALE APPLICANT
Name Sept Middle R Last	Name K First . Q Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married Ch OR	1717 Reynolds ha landy Medyel
	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by:  Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🛱 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 🖳 Yes 🗆
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
<ol> <li>Are you related to the female applicant closer than second cousin?</li> <li>No   ✓ Yes   ✓</li> <li>Are you now under the influence of an alcoholic beverage?</li> <li>No   ✓ Yes   ✓</li> </ol>	<ul> <li>2. Are you related to the male applicant closer than second cousin? No   Yes □</li> <li>3. Are you now under the influence of an alcoholic beverage? No   Yes □</li> </ul>
4. Are you now under the influence of a narcotic drug? No S Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Total Engue Randon	7. (a) Full name of applicant's Store W. Markberger
Residence of father (if deceased, so state) Lawry and	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	Birthplace of father (State or foreign country)
mother Manuely you baley	(b) Full maiden name of applicant's mother of applicant's pourse of the state of th
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Asymille Sud.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding 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 7/19/50  The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding 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  The 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 because of religious beliefs.  Clerk of Court
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and assets.	State of Indiana HENDRICKS ) I swear/affirm that the information given
Sig New / Subscribed and sy CONSENT OF PAI We, the parents of state facts which n	Joyde Lee Schmitt Nother
Sigr	noton Telly W. Barker
subscribed and sw	marion Cy
COMPLETE IF	Commen 2/18/90
and filed in	
I certify that there was filed in my office a marriage license issued by the	HENDRICKS
, authorizing the marriage of	TT ALAN RARDON and
KRISTINA BRANDY MILLS	
further certify that the following marriage certificate was filed in my of	Q 9 QQ
MARION (name), certify that of SCOTT ALAN RARDO	on 9-8-90 (date), at CAMBY in HENDRICKS
County, Indiana,	of County.
(state), and	of County,
	under a marriage license that was issued by the Clerk of the Circuit
ourt of County, Indiana, dated	19-90
Signed by: _/s/ DANNY VAUGHN JUDGE PRO	TEMPORE (official designation)
filed and recorded in accordance with the laws of the State of Indiana on .	
	9-11-90 (date).
	9-11-90 (date). Signed

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS \_ County

File 7-19-98
Date of Application

Circuit Court

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

Medical Examination or Report Dated

Name of Physician

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name Da First Middle (Last lien)	Name Referen Lunne Hammons
Date of Birth Month 2 Day 3 Year 8	Date of Birth Month, 2 Day 16 Year 67
Place of Birth (Staffejor foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
5367 Hally Springs On. W. Indplay	RRI Baf 477 Cleyton In.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify) Annels Lec	Date of birth verified by: Birth Certificate Other (Specify) Traces de
Bale of Birth Verines by. In Birth Continuals & Control (opposity)	[] [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [
1. Are you now or have you ever been adjudged to be of unsound mind? No V Yes	1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   No Yes   Yes  Yes
If answer is "yes," has the adjudication been removed?  No □ Yes □	If answer is "yes," has the adjudication been removed?  No Yes   Yes  Yes
2. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No □ Yes □	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father Pracurice Trederick Collier	7. (a) Full name of applicant's left Thammons
Residence of father (if deceased, so state) Cratesaelle, In.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's Pearl Martin
Residence of mother (if deceased, so state) to tesuelle.	Residence of mother (if deceased, so state) Claryton, In.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Distributed of medical (state of reference)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
	immune deficiency sypteme).  Signature of Applicant Kelecca Rynne Nammon Date 7/19/90
Signature of Applicant Alongias War College Date 7/19/90	Signature of Applicant The Decca hymne Namimon Date 1/19190
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.  Clerk of Court Date
Old Court	
State of Indiana County of State of Indiana HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.
11 000 0000	signed Relecca hymne Hammons
Signed Abuglas alan (slut) New Address SAME	New Address 5367 Holly Springs Dr W Indpls. In 4625
New Address  Subscribed and sworn to before me this 19 th day of July 19 90	Subscribed and sworn to before me this 19 day of July 1990
Come divisa Clerk of the HENDRICKS Circuit Court	Conne dewar Clerk of the HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state fasts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
THE PROPERTY OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	e issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
	HENDRICVE
I certify that there was filed in my office a marriage license issued by the	DOUGLAS ALAN COLLIER
dated 7-19-90, authorizing the marriage of	booglas alan collier and
REBECCA LYNNE HAMMONS	
I further certify that the following marriage certificate was filed in my o	office:
I TERRY L. HARRIS (name), certify that	7=38=90 MOORKSVILER CHIRCH OF GOD
DOUGLAS AL	AN COLLIER of HENDRICKS County.
County, Indiana,	
(State), and	
	d under a marriage license that was issued by the Clerk of the Circuit
Court of County, Indiana, dated 7-	28-90
Signed by: /s/ TERRY L. HARRIS , MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana o	n 7-31-90 (date).
They and recorded in accordance with the laws of the state of indiana o	1 2
	HENDRICKS
	HENDRICKS Circuit Court

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

7-20-90 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 4-20-90

Name of Physician 4, 100-90

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Of First Middle Last	Name Other First And Middle All Last, D
Date of Birth Day Year	Date of Birth Month Day Year
Date of Birth   Month   3 Day   Year   3 6	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	and the same of th
402 Dentucky Wanville	Hesidence Address Street or R.R. City County State
Previous Marital Status: Never Married O OR	Previous Marital Status: Never Married OR OR
Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by:
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No      Yes
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin? No Tyes T	2. Are you related to the male applicant closer than second cousin? No 😢 Yes 🗆
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No Yes  5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
Residence of father (if deceased, so state)	of dependent children
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7. (a) Full name of applicant's
Residence of father (if deceased, so state)	father
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
Residence of mother (if deceased, so state)	mother a family slymalds
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	Simplified of Hotels of Hotels and Hotels an
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that / have received/information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Defect School Date 2-30-90	Signature of Applicant Atrucia Office Abuse Date 7-20-90
The above applicant has objected to verifying by oath or afternation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of Iswear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct
	county or in this application is true and correct.
Signed Jeller School Signed New Address HOZ So Sept.	Signed Xalream Ellen Housel
Subscribed and sworn to before me this 20 day of 1990	New Address 402 & Kentucky
Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs.	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	
County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	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, authorizes and directs the i	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	
	and.
PATRICIA E. HOWELL	
I further certify that the following marriage certificate was filed in my of	
I, JANICE S. CHILEWSKI (name), certify that	
HENDRICKS County, Indiana, ROBERT D. KELLY IN PATRICIA E. HOWELL	THE RESERVE OF THE PERSON OF T
(state), and	of HENDRICKS County,
HENDRICKS	under a marriage license that was issued by the Clerk of the Circuit
count of county, Indiana, dated	0-90
Signed by: /s/ JANICE S. CHILEWSKI CHIEF DEPUTY	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	7-20-90 (date).
	Signed James James Clerk

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

No. 406
File 7-20.90
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

MALE APPLICANT	FEMALE APPLICANT
Name P. First Middle Wilson Jr.	Name Ruby GMiddle Jones
Date of Birth Month Day Year	Date of Birth Month Pay 35 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State A7 72391	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce Annulment □
Date of birth verified by:   Birth Certificate & Other (Specify) Dr. Lic	Date of birth verified by: Birth Certificate A Other (Specify) Dr.Lic.
Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes □	
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes U	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes   If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No ♥ Yes □	2. Are you related to the male applicant closer than second cousin? No Yo Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No № Yes □
4. Are you now under the influence of a narcotic drug?  No ix Yes   5. List the full names of any dependent children   W. L. W. L. W. L. W.	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. The K. Wilson III. Anthony Wilson, Arguanetta D. Wilson, Linda Car	5. List the full names of any dependent children. Debrote, Ruby, Bever Line Try Sherry, Gregory, Danette, Brown
6. (a) Futinisher of father ad Jacome, Presilia, Dubone Ellott	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of mother	Birthplace of father (State or foreign country)(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's
father TINE WILSON	father headere AleMCMillan
Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>M.S.</u>	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's
mother Beatrice Steele	mother Stafford
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Sharpace of mother (State of foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information-regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome)\ _ / , \ ( )
Signature of Applicant Wilson St Date	Signature of Applicant & July & Johns Date 7-20-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS   I swear/affirm that the information given	State of Indiana
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.
Signed Sight Wilson SI	Signed Lyber H. Jones
New Address	New Address
Subscribed and sworn to before me this day of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 20 day of HERDRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN	Circuit Court
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana	
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Father Mother
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in County, authorizes and directs the i	Court, by written order issuedissuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENSI	
I certify that there was filed in my office a marriage license issued by the	
dated	PINKY WILSON JR. and
RUBY G. JONES	
I further certify that the following marriage certificate was filed in my of	fice:
CYNTHIA J. SPENCE (name), certify that (	(11111)
HENDRICKS County, Indiana, PINKY WILSON JR.	
ARIZONA (state), and RUBY G. JONES	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 County, Indiana, dated 7-2	
Signed by: /s/ CYNTHIA J. SPENCE 1ST DEPUT	
Filed and recorded in accordance with the laws of the State of Indiana on	7-20-90
。这是我们是我们们的原理,这些是我的会们是我们的原理。	Signed Clerk
AFML/PD 1	HENDRICKS CO. 11.0

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Masse

MALE APPLICANT	FEMALE APPLICANT
Name William Lee Riggs IT	Name Army Lynn Frick Bridge
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. Sity County State
40 Box 161 B broad shape.	Previous Marital Status: Never Married M. OR
Previous Marital Status: Never Married 140 OR	The land of the second
Last Marriage Ended By: Death Divorce Annulment Annulment	Last Marriage Ended By: Death Divorce Annulment Annulment
Date of birth verified by: "ABirth Certificate  Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes □
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 💢 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No ▼ Yes □
3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □ 4. Are you now under the influence of a narcotic drug? No ▼ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father & Parallel	7. (a) Full name of applicant's Robert William Frick
Residence of father (if deceased, so state) Depublic Off.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Kothy S. Ingram	(b) Full maiden name of applicant's and form Howard
Residence of mother (if deceased, so state) & Drug ald	Residence of mother (if deceased, so state) Shoral Q. 6
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Sullow This Date 7-20-80	Signature of Applicant X amust Buck Date 1-20-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS    ss:   swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss:   I swear/affirm that the information given in this application is true and correct.
Signed & William T. Kijs	Signed X UMU Y. DAUC
Subscribed and sworn to before me this day of 400 1990	New Address
Subscribed and sworn to before me this day of Lerk of the HENDRICKS Circuit Court	Subscribed and sworp to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County of HENDRICKS	County of) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19 Clerk	Subscribed and sworn to before me this day of 19 Clerk
	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	Court, by written order issued
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated	and.
I further certify that the following marriage certificate was filed in my o	office:
	on in
County, Indiana,	
	ofCounty,
생기를 하면 가게 되었다. [1985년 1일 시간 사람이 사용하다 보고 있다. 10 시간 사람이 되었다. 그리고 있다. [1985년 12] [1985년 12] [1985년 12] [1985년 12]	
사이 19 Man (19 Man (19 Man 19 Alan 19 Man 19 Man (19 Man 19 Man	d under a marriage license that was issued by the Clerk of the Circuit
count of county, matana, dated	
Signed by:,	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana of	n (date).
	SignedClerk
AFML/PD 1	HENDRICKS Circuit Court

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS \_ County

No.	408	
File		
	7-20-90	
	Date of Application	

Circuit Court

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

Female 

MALE APPLICANT	FEMALE APPLICANT
Name Gerald archer Stewart	Name Jerry & Middle 7/ Lasther
Date of Birth Month 3 Day 7 Year 5 8	Date of Birth Month 7 Day , Year 1/
Place of Birth (Stateon foreign country)	Place of Birth (State or foreign country)
Residençe Address Street or R.R. City County State	Elizabethtown, They.
11 n. Trank Interrapelie, In-	Hesidence Address, Street or R.A. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce Annulment □ ,	Last Marriage Ended By: Death □ Divorce ★ Annulment □
Date of birth verified by:   Birth Certificate  Other (Specify)  Ornolis' Lia	Date of birth verified by: Birth Certificate Other (Specify) Drules Lec -
1. Are you now or have you ever been adjudged to be of unsound mind? No V Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No  Yes    2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? No
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. David Racker J. /
Tresting Vown Stewart 14 yrs.	Christy Hacker 1740. angie Hacker
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's	Birthplace of mother (State or foreign country)
father David Jesse Ellivar	7. (a) Full name of applicant's father Chlar Tellous Hart
Residence of father (if deceased, so state) Shelkeyvelle, S.	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Louis a Lang	(b) Full maiden name of applicant's mother Larraine agnes Menter
Residence of mother (if deceased, so state) Shelbequele	Residence of mother (if deceased, so state) Namulton Ohi
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)  Ohio
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Acrollo a Stewart Date 7-20-96	immune deficiency syndrome).
Signature of Applicant A Chald (1, Slewarth Date 7-20-96	Signature of Applicant Torrial R. Lacker Date 7-20-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Turial K. Wacku Date 7-20-90
PROPERTY OF THE PROPERTY OF TH	The state of the s
State of Indiana County of HENDRICKS  Ss:   swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss:   I swear/affirm that the information given in this application is true and correct.
Signed Mchald a Stewart	Signed Terrial K. Hacker
New Address	
Subscribed and sworn to before me this 20 dd day of July 1990	Subscribed and sworn to before me this 20 12 day of
Cranic Kainson Clerk of the HENDRICKS Circuit Court	Chrice Leven Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	County of
Signed Mother	Signed Father
Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of, 19
COMPLETE IS MARRIAGE LIGHNOS IGNIES BY ORDER OF COURS	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, authorizes and directs the	issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	
dated	GERELD ARTHUR STEWART and
TERRIAL KATREA HACKER	
I further certify that the following marriage certificate was filed in my of	ffine:
I, CYNTHIA J. SPENCE (name), certify that	
HENDRICKS County, Indiana, GERELD ARTHUR S  IN (etata) and TERRIAL KATREA HACKEI	County;
(state), and	or 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 7-	-20-90
Signed by: /s/ CYNTHIA J. SPENCE 1ST DEPUTY (	
	I VARAVANA MANUE HILLIANINI
	7-20-90
	18. P. B.
Filed and recorded in accordance with the laws of the State of Indiana on	7-20-90

Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

7-20-90
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 7-19-90

Name of Physician Man Edwards

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Alast	Name Cherry Lorraine Fink
Date of Birth Month Day Vegar 1/2	Date of Birth Month Day Year
8/27/10/100	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	- Om.
Residence Address Street or B.A. City County State	Residence Address Street or R.R. (State State
Previous Marital Status: Never Married D OR	Previous Marital Status: Never Married D OR
	Last Marriage Ended By: Death □ Divorce □ Annulment □
Last Marriage Ended By: Death Divorce Annulment Divorce	
Date of birth verified by:	Date of birth verified by:   Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No D Yes D	2. Are you related to the male applicant closer than second cousin? No 🗗 Yes 🗆
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Ves
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Fù(I name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of Mather (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maidep name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Firthplace of mother (State or foreign country)
7. (a) Full name of applicant's father father	7. (a) Full name of applicant's father Tink
Residence of father (if deceased, so state) Prownshiving, On -	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicants	(b) Full maiden name of applicant's / 1 Polls 750+6
mother Manne Francam	mother
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Semuel O Halback Date 7/20/90	immune deficiency syndrome). Cheryl & Finh Date 7-20-90
	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
Signed Kenney Halbrook	signed & Cheryl & Finh
New Address 5252 Hally Springs DE Indiangue	New Address Same as to the left
Subscribed and sworn to before me this 20 day of July 19.90	Subscribed and sworn to before me this 20 day of 19.20
Christian Clerk of the HENDRICKS Circuit Court	Coming Kingson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County or	
Signed Father Signed Mother	Signed Father Signed Mother
Signed Mother  Subscribed and sworn to before me this day of 19	Signed Mother Subscribed and sworn to before me this day of 19
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of 19 Clerk
	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in authorizes and directs the	e issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana
dated 7-20-90 , authorizing the marriage of	KENNETH JAY HOLBROOK and
CHERYL BORRAINE FINK	· · · · · · · · · · · · · · · · · · ·
I further certify that the following marriage certificate was filed in my	
	t on 8-4-90 (date), at WHITE LICK CHURCH
(2) County, Indiana, KENNETH JAY HOL	BROOK of MARION County
IN (state), and CHERYL LORRAINE	FINK of HENDRICKS County
	d under a marriage license that was issued by the Clerk of the Circu
HENDDICKS	
Signed by:/s/ FRED_SHARP, MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana	on 8-7-90 (date).
	Signed Larie James Cler

# 318

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

AFML/PD 1

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

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

Female

County

Medical Examination or Report Dated

No. 410

Date of Application

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Timothy J. Kinch Last	
Date of Birth / Month Day Year	Date of Birth Month Day Year
Place of Birth (State of foreign country)	Place of Birth (State or togetop country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R., City, County State
4953 West 11th STREET IMPS, MARION, H	10063 Crawfordsville Rd, Indpls, Hendricks,
Previous Marital Status: Never Married OR OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death Divorce Annulment Marriage	Last Marriage Ended By: Death □ Divorce ► Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify)   Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)   Open lic
1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗷 Yes 🗆
If answer is "yes," has the adjudication been removed? No   ✓ Yes □	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No 🗴 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No 🗡 Yes 🗆
3. Are you now under the influence of an alcoholic beverage?  No ∠ Yes □  4. Are you now under the influence of a narcotic drug?  No ∠ Yes □	3. Are you now under the influence of an alcoholic beverage? Noc Yes □ 4. Are you now under the influence of a narcotic drug? No Yes □
5. List the full names of any dependent children	5. List the full names of any dependent children. Samastha GEISEIbe
The state of the s	
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children KENNETh GEISEIDRECHT
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) [Emple, TX
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Roland David Kinch	7. (a) Full name of applicant's KENNEH BRONSON
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's NORM JEAN MC FADDEN	(b) Full maiden name of applicant's Lillian E COPRON
Residence of mother (if deceased, so state) 3061 W. Jackson J. Apls IN	Residence of mother (if deceased, so state) 790 Z W. M 42, May
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWI EDOMENT
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
immune deficiency syndrome).  Signature of Applicant Linnothy J Kinch Date 07-20-90	Signature of Applicant The Solly Sees Contract Date 07-20-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.  Clerk of Court Date
Clerk of Court Date	
State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
signed Timothy & Kind	signed Tymberly Siese Obroals
New Address 10063 Crawfordsville Rd, Phople In	New Address 10063 Oranfordaville fd, Apt 1 Indy
Subscribed and sworn to before me this 20th day of July 1920	Subscribed and sworn to before me this 2004 day of Ally 1970
Commit Kanson Clerk of the HENDRICKS Circuit Court	Connie fanon Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	County of)
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in authorizes and directs the	issuance of a marriage license to the above named parties
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
and filed in, authorizes and directs the  RETURN OF MARRIAGE LICENS	issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the	SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the	SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the	SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,  MOTHY J. KINCH and
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,  MOTHY J. KINCH and  office:
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,  MOTHY J. KINCH and  office:  on 8-4-90 (date), at INDPLS in
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,  MOTHY J. KINCH and  office:  on 8-4-90 (date), at INDPLS in  of HENDRICKS County,
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,  AOTHY J. KINCH and  office:  on 8-4-90 (date), at INDPLS. in  defined of HENDRICKS County,  ELBRECHT of MARION County,
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,  MOTHY J. KINCH and  of HENDRICKS County, Indiana,  of HENDRICKS County,  LIBRECHT of MARION County,  under a marriage license that was issued by the Clerk of the Circuit
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,  MOTHY J. KINCH and  office:  on 8-4-90 (date), at INDPLS. in  defined of HENDRICKS County,  ELBRECHT of MARION County,  under a marriage license that was issued by the Clerk of the Circuit
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,  MOTHY J. KINCH and  Office:  on 8-4-90 (date), at INDPLS in  HENDRICKS County,  Office MARION County,  Under a marriage license that was issued by the Clerk of the Circuit  Office (official designation)
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,  MOTHY J. KINCH and  Office:  on 8-4-90 (date), at INDPLS in  HENDRICKS County,  Office MARION County,  Under a marriage license that was issued by the Clerk of the Circuit  Office (official designation)

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

319

\_Circuit Court

HENDRICKS

\_ County

Female Medical Examination or Report Dated 7-2.

Name of Physician 2. Transact

ate of Birth (State or fereign country)  ace of Birth (State or fereign country)  Besidence Address Street or R.R. City County  State of Birth (State or fereign country)  Besidence Address Street or R.R. City County  State of Birth (State or fereign country)  Besidence Address Street or R.R. City County  State of Birth (State or fereign country)  Besidence Address Street or R.R. City County  State of Birth (State or fereign country)  Besidence Address Street or R.R. City County  State of Birth (State or fereign country)  OR  Annulment   Annulment   OR  Annulment   OR  Are you now or have you ever been adjudged to be of unsound mind? No Yes   If answer is "yes," has the adjudication been removed? No Yes   Are you related to the female applicant closer than second cousin? No Yes   Are you now under the influence of an alcoholic beverage? No Yes   Are you now under the influence of a narcotic drug? No Yes   List the full names of any dependent children.  (a) Full name of father of dependent children   Residence of father (State or foreign country)  (b) Full maiden name of mother of dependent children   Residence of mother (State or foreign country)  Birthplace of mother (State or foreign country)	Name    Service   Middle   Day   Great   Day
ace of Birth (State or fereign country)  Bellin State  Bel	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 Other (Specify) Mulls: Per If answer is "yes," has the adjudication been removed?  1. Are you now or have you ever been adjudged to be of unsound mind? No Ye If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin? No Ye Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
asidence Address   Street or R.R.   City   County   States   Color   State	Place of Birth (State or foreign country)  Residence Address
revious Marital Status: Never Married OR  at Marriage Ended By: Death Divorce Annulment Are you now or have you ever been adjudged to be of unsound mind? No Yes Marriage Ended By: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes Marriage Ended By: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes Marriage Ended By: Birth Certificate Other (Specify) Are you now under the influence of an alcoholic beverage? No Yes Marriage Ended By: Death Marriage Ended	Residence Address   Street or R.R.   City   County   State
revious Marital Status: Never Married OR  at Marriage Ended By: Death Divorce Annulment Are you now or have you ever been adjudged to be of unsound mind? No Yes Marriage Ended By: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes Marriage Ended By: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes Marriage Ended By: Birth Certificate Other (Specify) Are you now under the influence of an alcoholic beverage? No Yes Marriage Ended By: Death Marriage Ended	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify) Danles' Reference of a provided
ate of birth verified by: Birth Certificate Other (Specify)  Are you now or have you ever been adjudged to be of unsound mind? No Yes    If answer is "yes," has the adjudication been removed? No Yes    Are you related to the female applicant closer than second cousin? No Yes    Are you now under the influence of an alcoholic beverage? No Yes    Are you now under the influence of a narcotic drug? No Yes    List the full names of any dependent children.  (a) Full name 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)  Residence of mother (if deceased, so state)	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify) On Verificate Pother (Specify) On Verificate Pother (Specify) Death Perificate Pother (Specify) On Verificate Pother (Specify) On Verificate Pother (Specify) On Verificate Pother (Specify) On Verificate Pother (Specify) Other (Specify) On Verificate Pother (Specify) Other Pother Pother (Specify) Other Pother Pother (Specify) Other Pother P
Are you now or have you ever been adjudged to be of unsound mind? No Yes    If answer is "yes," has the adjudication been removed? No Yes    Are you related to the female applicant closer than second cousin? No Yes    Are you now under the influence of an alcoholic beverage? No Yes    Are you now under the influence of a narcotic drug? No Yes    List the full names of any dependent children.    (a) Full name of father of dependent children    Residence of father (State or foreign country)    (b) Full maiden name of mother of dependent children    Residence of mother (if deceased, so state)    Residence of mother (if deceased, so state)	Date of birth verified by: Birth Certificate Other (Specify) Davies Certificate  1. Are you now or have you ever been adjudged to be of unsound mind? No Ye If answer is "yes," has the adjudication been removed? No Ye  2. Are you related to the male applicant closer than second cousin? No Ye  3. Are you now under the influence of an alcoholic beverage? No Ye  4. Are you now under the influence of a narcotic drug? Ye  5. List the full names of any dependent children.
Are you now or have you ever been adjudged to be of unsound mind? No Yes    If answer is "yes," has the adjudication been removed? No Yes    Are you related to the female applicant closer than second cousin? No Yes    Are you now under the influence of an alcoholic beverage? No Yes    Are you now under the influence of a narcotic drug? No Yes    List the full names of any dependent children.    (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)	Date of birth verified by: Birth Certificate Other (Specify) Davies Certificate  1. Are you now or have you ever been adjudged to be of unsound mind? No Ye If answer is "yes," has the adjudication been removed? No Ye  2. Are you related to the male applicant closer than second cousin? No Ye  3. Are you now under the influence of an alcoholic beverage? No Ye  4. Are you now under the influence of a narcotic drug? Ye  5. List the full names of any dependent children.
Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.  (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)	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of father of dependent children
Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.  (a) Full name of father of dependent children  Residence of father (State or foreign country)  (b) Full maiden name of mother of dependent children  Residence of mother (if deceased, so state)	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.  6. (a) Full name of father of dependent children
Are you now under the influence of an alcoholic beverage?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of father of dependent children
Are you now under the influence of a narcotic drug?  List the full names of any dependent children.  (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)	4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of father of dependent children
List the full names of any dependent children	List the full names of any dependent children.      (a) Full name of father     of dependent children
(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)	6. (a) Full name of father of dependent children
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)	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)	of dependent children
Birthplace of father (State or foreign country)  (b) Full maiden name of mother of dependent children  Residence of mother (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of mother of dependent children  Residence of mother (if deceased, so state)	
of dependent children	Birthplace of father (State or foreign country)
Residence of mother (if deceased, so state)	(b) Full maiden name of mother of dependent children
	Residence of mother (if deceased, so state)
	Birthplace of mother (State or foreign country)
(a) Full name of applicant's 94 1000	7. (a) Full name of applicant's
Residence of father (if deceased to state) Delta it Mi	father andrees alfing
Residence of father (if deceased, so state) Detrait. The Birthplace of father (State or foreign country) West Germany	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's . H. A 7/	Birthplace of father (State or foreign country)
mother Rosemarie Sisela Heuser	mother Hendrika Darothea Wasse
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Plainfield In
Birthplace of mother (State or foreign country) West Kermany	Birthplace of mother (State or foreign country)
e above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs.  erk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the at acknowledgment because of religious beliefs.  Clerk of Court Date
see of Indiana HENDRICKS  Signed Linistain L. Jornbern  New Address  bscribed and sworn to before me this 23 day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information gi in this application is true and correct Signed New Address Subscribed and sworn to before me this 23 day of July 19 90 Christian Clerk of the HENDRICKS Circuit County of th
DISENT OF PARENTS, PARENT, OR GUARDIAN	
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant which make the consent of the other parent unnecessary
ate of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Fat
Signed Mother	Signed Mol
bscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 19
Clerk	Control of the contro
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	marriage license having been refused to the above named parties,
d filed in authorizes and directs the is	Court, by written order issued
RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE
ertify that there was filed in my office a marriage license issued by the (	Clerk of the Circuit Court of HENDRICKS County, India
ited 7-23-90, authorizing the marriage of	
, authorizing the marriage of	CIRCUITAN RODOLF TOMBERS
GERRIAN de JONG	
further certify that the following marriage certificate was filed in my of	
WILLIAM R. CLAYTON (name), certify that of	on 9-1-90 (date), at PLAINFIELD
	F TOMBERS of COOK Coun
	of HENDRICKS Coun
(State) were married by me as authorized	under a marriage license that was issued by the Clerk of the Circ
ourt of HENDRICKS County, Indiana, dated 9-1-	
	(official designation)
/-/ WITH TANK B. OF AUMON	
/-/ WITH TANK B. OF AUMON	9-6-90 (date).

# STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 4/2

7-23-90 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

Name of Physician

Britt Ealon

MALE APPLICANT	FEMALE APPLICANT
ame First Middle Last Kuns	Name Judy First Middle Award
ate of Birth Month May 1969er	Date of Birth Nototro Month 22 Day 1958
ace of Birth (State/or foreign country) / hannaa	Place of Birth (State or toreion country) (Indiana
Wikewayer	Residence Address Street of R.B. Cuty County States
esidence Address Street or A.A. Ponty County will state	Burdens Marital Status: Never Married   OR
revious Marital Status: Never Married OR	Previous Marital Status. Never murros 2
the American C	Last Marriage Ended By: Death Divorce Annulment
The want will had	Date of birth verified by:   Birth Certificate Other (Specify)
ate of birth verified by: Birth Certificate Other (Specify)	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆
Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐	1. Are you now or have you ever been adjudged to be of discounting.  If answer is "yes," has the adjudication been removed?  No □ Yes □
If answer is "yes," has the adjudication been removed?	Yes \
. Are you related to the female applicant closer than second cousin?	Are you related to the male applicant closer than seeing a large you now under the influence of an alcoholic beverage?
Are you now under the influence of an alcoholic beverage?	4. Are you now under the influence of a narcotic drug?
Are you now under the influence of a narcotic drug?	5. List the full names of any dependent children Laron ( )
List the full names of any dependent children with the full names of	3ups,
austin Waste 4 yrs	6. (a) Full name of father
5. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother of dependent children
of dependent children	Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	the state of the s
7. (a) Full name of applicant's mond Lump	father The father (mounts)
Residence of father (if deceased, so state)  Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicants the Anna Penrus	(b) Full maiden name of applicant's where Miller
mother	mother (it deceased so state) Indiana
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Birthplace of mother (State of Toreign County)
ACKNOWLED CHENT	ACKNOWLEDGMENT
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases  ACKNOWLEDGMENT	I acknowledge that I have received information regarding dangerous communicable diseases
the terrespond to the test sites for the virus that causes Albo (august)	that are sexually transmitted, and a list of the test sites for the virus that backer in
immune deficiency syndrome). Junty Wack Temp Date 7/23/90	Signature of Applicant Judy of Harper Date 7/33/90
	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by out it of attended to the acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs.	Clerk of Court Date
Clerk of Court	) I swear/affirm that the information given
State of Indiana  HENDRICKS  I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  ss: in this application is true and correct.
County of	Signed X Judy So Harper  New Address Same Of 1990
signed Timily abole Benja	Signed
New Address Same	day of day 197
Subscribed and sworn to before me this 20 day of Only 1990  Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to belove the this Clerk of the HENDRICKS _ Circuit Court
Clerk of the Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary	
Commence of the state of the st	State of Indiana HENDRICKS ss:
State of Indiana HENDRICKS ) ss:	County of
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Cien	Clerk
THE PROPERTY OF COUR	T. A marriage license having been refused to the above named parties, the  Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COOR	Court, by written order issued
and filed in authorizes and directs to	the issuance of a marriage license to the above named parties.
DEWINN OF MARRIAGE LICE	NSE AND MARRIAGE CERTIFICATE
	**************************************
I certify that there was filed in my office a marriage license issued by	the Clerk of the Circuit Court ofCounty, Indiana,
7-2221	TIMOTHY WADE KEMP and.
dated, authorizing the marriage of	
JUDY JO HARPER	
I further certify that the following marriage certificate was filed in n	ny office:
TAMES D SPENCER (name) certify t	hat on 8-4-90 (date), at TERRITIES IN
I, HENDRICKS County, Indiana, JUDY JO HAI	of County
IN (state) and	
(State), and	ized under a marriage license that was issued by the Clerk of the Circu
in (state) were married by me as author	-23-90 EQUIPMENT
Court of HENDRICKS County, Indiana, dated 7	
Signed by: /s/ JAMES D. SPENCER PLAINFIE	LD TOWN COURT (official designation)
Filed and recorded in accordance with the laws of the State of Indian	a on (date).
Filed and recorded in accordance with the laws of the State of Indian	Clar
	Signed Lawrence Control
	HENDRICKS Circuit Cour

**APPLICATION FOR MARRIAGE LICENSE** HENDRICKS

County

321 File 7-23-90
Date of Application

\_Circuit Court

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

Female Medical Examination or Report Dated 7-16-90

Name of Physician Report Dated Clark, 14.D.

MALE APPLICANT	FEMALE APPLICANT
Name aaron Waddle Stephenson	Name amanday Machello Stone
Date of Birth Month O Day 23 Year 70	Date of Birth Month 7 Day 3/ Year 7/
Place of Birth (State of tgreign country)	Place of Birth (State or foreign country)
Residence Address, Street or R.R. City County State	Residence Address Street or R.A. City County State
Tet #1 By 23 Controlled	Rt Filmare In.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: Sirth Certificate  Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
	Sate of Shah verified by. Said if Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? Nov Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6 (a) Full and Africa	
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father neckeel Raye Stephenson	7. (a) Full name of applicant's father richael Dennis Store
Residence of father (if deceased, so state) Caleanile.	Residence of father (if deceased, so state) Fullmare, On.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's O Dum
mother rather ann steenlee	mother teggy de Dumgardne
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Fellower, In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Laron Stephenson Date /23/90	immune deficiency syndrome)
	Signature of Applicant 71 ACC Date 1830
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
Date of the second seco	Clerk of Court Date
State of Indiana County of HENDRICKS  Ss:   swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
1	sound of the and correct.
Signed aron Alexhenson	Signed 41 HWOY 3012
New Address  Subscribed and sworn to before me this 23th day of pully 1990	New Address
Subscribed and sworn to before me this S day of 1970  Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 33 day of July 1990  Cornice Rowson Clerk of the HENDRICKS Circuit Court
Clerk of the TELEBRICAS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
nate the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	The second secon
County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father
Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of
	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 authorizes and directs the	Court, by written order issued
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
lated $7-23-90$ , authorizing the marriage of $A$	ARON STEPHENSON and
AMANDA STONE	
further certify that the following marriage certificate was filed in my of	ffice:
DAVID LANG (name), certify that	
County, Indiana,	
	of County,
IN (state) were married by me as authorized	under a marriage license that was issued by the Clerk of the Circuit
	-4-90
Signed by:/s/ DAVID LANG MINISTER	(official designation)
ngued by.	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	<u>8-7-90</u> (date).
	Signed Inni favor Clerk
FML/PD 1	HENDRICKS Circuit Court

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS \_ County File 7-23-90 Date of Application

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Name of Physician Summers & Yan

MALE APPLICANT	FEMALE APPLICANT
Name Middle Middle	Name First Middle 7/ Last
Date of Birth Month Day Year	Date of Birth Month // Day / Year
Place of Birth (State or foreign country)	Place of Birth (State ox foreign country)
miples on Marion Co.	Indianapales in.
Residence Address Street or R.R. City McCounty State In 46055	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married DOR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
00	The state of the s
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by:
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No √2 Yes □
3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No√✓ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
None	None
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicants father Perdue	7. (a) Full name of applicant's father Delean Regneth Harries
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Brywnshung, In-
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Sue Mitchner	(b) Full maiden name of applicant's
Residence of mother (if deceased, so state)	mother france haven person
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Shapace of methor (challe of horoigh country)	Birthplace of mother (state or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X VIII Date 900728	Signature of Applicant / Will ( Alarrus Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana  County of HENDRICKS  Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana  State of Indiana  State of Indiana  I swear/affirm that the information given in this application is true and correct in this application is true and correct.
	County of HENDRICKS in this application is true and correct.
Signed Lu Millian Of Molly	Signed Julie a Harris
New Address	New Address
Subscribed and sworn to before me this 36th day of July 1990	Subscribed and sworn to before me this 23th day of July 1990
Ornie Lawson Clerk of the HENDRICKS Circuit Court	Connic Lawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	
County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
	HENDRICKS
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of County, Indiana,
dated	WILLIAM DOUGLAS PERDUE and
dated	WILLIAM DOUGLAS PERDUE and
JULIE ANN HARRIS	
JULIE ANN HARRIS  I further certify that the following marriage certificate was filed in my or	ffice:
JULIE ANN HARRIS  I further certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that	ffice:  7-28-90 (date) at PRINCE OF PEACE LUTHERAN CHUE
JULIE ANN HARRIS  I further certify that the following marriage certificate was filed in my of the fol	ffice:  on
JULIE ANN HARRIS  I further certify that the following marriage certificate was filed in my of the fol	ffice:  7-28-90 (date) at PRINCE OF PEACE LUTHERAN CHUI
JULIE ANN HARRIS  I further certify that the following marriage certificate was filed in my of the fol	ffice:  on
JULIE ANN HARRIS  I further certify that the following marriage certificate was filed in my of the fol	ffice:  on
JULIE ANN HARRIS  I further certify that the following marriage certificate was filed in my of the second of the s	ffice:  on
JULIE ANN HARRIS  I further certify that the following marriage certificate was filed in my of the following marriage was filed in my of the following marriage was filed in my of the following marriage was file	ffice:  on
JULIE ANN HARRIS  I further certify that the following marriage certificate was filed in my of the function of the following marriage certificate was filed in my of the function of the following marriage certificate was filed in my of the function of the following marriage certificate was filed in my of the function	ffice:  on
JULIE ANN HARRIS  I further certify that the following marriage certificate was filed in my of the further certify that the following marriage certificate was filed in my of the further certify that the following marriage certificate was filed in my of the further certify that marriage marriage.  IN	ffice:  on

\_Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

	7_23-90 Date of Application
File	
No.	773

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

Medical Examination or Report Dated Name of Physician \_\_\_\_\_\_.

MALE APPLICANT	FEMALE APPLICANT
Name First Middle hast	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	70
	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married B OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate Cother (Specify)	Date of birth verified by:   Birth Certificate B Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No St. Yes	Are you now or have you ever been adjudged to be of unsound mind? No  Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?  No  Yes   Yes   If answer is "yes," has the adjudication been removed?  No  Yes
2. Are you related to the female applicant closer than second cousin? No 🐰 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No X Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □
Are you now under the influence of a narcotic drug?     No 反 Yes □     List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No 12 Yes
and the farmation of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of mother	Birthplace of father (State or foreign country)(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's	Birthplace of mother (State or foreign country)
tather Blair & Blair	7. (a) Full name of applicant's Karmit Malale
Residence of father (if deceased, so state) having and	Residence of father (if deceased, so state) English along ald
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Constitute Witam	(b) Full maiden name of applicant's mother
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted and a list of the test sites for the virus that access ALDS (
Signature of Applicant & Stuck W Blain Date 7/23	immune deficiency syndrome).  Signature of Applicant & Cheyl & Quell Date 7/23/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct
in this application is true and correct.	2 Production of the control of the c
Signed X Steem W Blace	Signed & Cheryl L aboll
Subscribed and sworn to before me this 23 day of 1990	Signed & Cheryl & Calvell New Address Same as above
Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 23 day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	Clerk of the Circuit Court
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	County or)
Signed Mother	Signed Father
Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Clerk
and filed in, authorizes and directs the is	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS
	STEVEN W. BLAIR and
CHERYL L. ABELL	
I further certify that the following marriage certificate was filed in my off	
WAYNE D. SHOULDERS (name), certify that of	
HENDRICKS County, Indiana, STEVEN W. BI	LAIR of HENDRICKS County
IN (state), and CHERYL L. ABELL	of HENDRICKS County.
IN (state) were married by me as authorized to	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 8-	-4-90
Signed by:/s/ WAYNE D. SHOULDERS,MINISTE	R (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on _	
ART ALERT AND ART OF THE STATE	Signed borne James Clerk
FML/PD 1	

AFML/PD 1

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

7-35-90 Date of Application

\_Circuit Court

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

Female 7-16-90 Medical Examination or Report Dated

Name of Physician Thomas M

MALE APPLICANT	FEMALE APPLICANT
Name 10 First Middle Last .	Name Suarr Middle Sast
Date of Birth Day Year	Date of Birth Month Day 195 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street, or R.R. City County State	Residence Address Street or R.R. City County State
K. H. 2 By 149 Clayton &. 46118	338 M. Jefersen, Dibiz, A 46/12
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce D Annulment □	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify)   Linuxus Lecensor	Date of birth verified by:   Birth Certificate   Other (Specify)   Lrueis   Lueis
Date of Dirth Verified by. I Birth Certificate I Other (Openity)	
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Ves Ves I
If answer is "yes," has the adjudication been removed?	If all swot is you, that the dejunction seems to
2. Are you related to the female applicant closer than second cousin? No 🗓 Yes 🗆	2. Ale you related to the mail approach close that because 2.
3. Are you now under the influence of an alcoholic beverage?  No (1) Yes   No (2) Yes   No (2) Yes   No (3) Yes   No (4) Yes   No (4) Yes   No (5) Yes   No (6) Yes   No (7) Yes   No (7) Yes   No (8) Y	4. Are you now under the influence of an aiconolic beverage?  No Service Serv
4. Are you now dider the inflation of a margon of a	5. List the full names of any dependent children. Michael J. Lee,
5. List the full names of any dependent children Lance blexus blesney 4, Rullana Lenn Desney	Jenny U. Lee Justin W. Lee
	6. (a) Foll-name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother of dependent children
of dependent children  Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthpface of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicants 2	7. (a) Full name of applicant's
father	father Manuel Henry Stone
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Tours Campbell	(b) Full maiden name of applicant's mother brine May Heidenreich
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	TOWNSHIP PROVENT
ACKNOWLEDGMENT	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	Signature of Applicant Auann Lee Date 7-25-90
Signature of Applicant Daniel O. Oisney Date 7-25-90	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs.	Clerk of Court Date
Clerk of Court Date	
State of Indiana County of   ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.
	L. Le
Signed Daniel Disney New Address SAME	New Address R 2 Box 149 Clayton
New Address Subscribed and sworn to before me this 35th day of July 19 90	Subscribed and sworn to before me this 35th day of July 1990
Subscribed and sworn to before me this day of HENDRICKS Circuit Court	Subscribed and sworn to before the this 2 day of HENDRICKS  Circuit Court
Cierro I tile Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County of)	County of)
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 19
Clerk	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 authorizes and directs the	Court, by written order issued
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
7-25-90 DAN	
dated, authorizing the marriage of	and.
LUANN LEE	
I further certify that the following marriage certificate was filed in my	
I. JOSEPH L. DISNEY (name), certify that	t on8-11-90_ (date), atINDIANAPOLISin
MARION County, Indiana, DANIEL DENN	IS DISNEY of HENDRICKS County,
IN(state), andLUANN LEE	of HENDRICKS County,
	d under a marriage license that was issued by the Clerk of the Circuit
HENDRICKS 8-	-11-90
Court of County, Indiana, dated	
Signed by:/s/ JOSEPH L. DISNEY , MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana of	n 8-13-90 (date).
	Signed Some Sousen Clerk
	HENDRICKS
	HENDRICKS Circuit Court

STATE OF INDIANA

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

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

Massali

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name Shane kris Jeller &	Name Onlie Marie Bennett
Date of Birth Month Day Vear 66	Date of Birth Month 3 Day 5 Year 5
Place of Birth (Stategor foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City Squgty State	Residence Address Street of R.R. City Sounty State
10929 Rockvelle Ra +69 mapos, n.	10 127 grace succession of Singles Sh.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate Other (Specify) Dunes Technology	Date of birth verified by:   Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.
5. List the full names of any dependent children	5. Elatificial names of any depondent of more in the contract of the contract
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	7. (a) Full name of applicants + 1 - 2 - 3
7. (a) Full name of applicant's lengths father Strald English full for the strain of t	father That I were the service
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Mt Marris, V.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's alberta Walker	(b) Full maiden name of applicant's Claire Sylvester
Residence of mother (if deceased, so state) Wisifield,	Residence of mother (if deceased, so state) Marie, VI
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	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 7/26/90	Signature of Applicant Quliu M. Benne # Date 7/24/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date  State of Indiana ) I swear/affirm that the information given
State of Indiana HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed   Subscribed and sworn to before me this 26 a day of the HENDRICKS   Circuit Court	State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  Signed M. Bernett  New Address Subscribed and sworn to before me this 26 day of HENDRICKS  Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 19
Clerk	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 authorizes and directs the	issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
	THE PROPERTY OF THE PROPERTY O
I certify that there was filed in my office a marriage license issued by the	e Cierk of the Circuit Court of County, Indiana,
dated, authorizing the marriage of	SHANE ERIC JEFFERS and
JULIE MARIE BENNETTS	
I further certify that the following marriage certificate was filed in my o	office:
	on
JOHNSON County, Indiana, SHANE ERIC JE	
County, Indiana,	TS of HENDRICKS County,
[4] C. B.	d under a marriage license that was issued by the Clerk of the Circuit
HENDRICKS	
Court of County, Indiana, dated	
Signed by: _/s/ JAMES WHITKANACK , MINISTER	
Filed and recorded in accordance with the laws of the State of Indiana of	n 8-3-90 (date).
	Signed
	HENDRICKS Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the

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

AFML/PD 1

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

NSE File \_\_\_\_\_\_

\_ (date).

Clerk

Circuit Court

7 - 24 - 90
Date of Application

Medical Examination or Report Dated

Name of Physician Richard C. circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Date of Birth ornia Previous Marital Status: Never Married Previous Marital Status: Never Married Last Marriage Ended By: Death □ Divorce □ Annulment □ Last Marriage Ended By: Death □ Divorce □ Annulment □ Date of birth verified by: 

Birth Certificate 

Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗆 If answer is "yes," has the adjudication been removed? Yes If answer is "yes," has the adjudication been removed? No 🗆 Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? No Z Yes Are you now under the influence of an alcoholic beverage? Yes 🗆 Are you now under the influence of an alcoholic beverage? No Yes [ Are you now under the influence of a narcotic drug? No Ves Are you now under the influence of a narcotic drug? No G Yes List the full names of any dependent children. List the full names of any dependent children Vone Vone (a) Full name of father (a) Full name of father of dependent children of dependent children Residence of father (If deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of mother (b) Full maiden name of mother of dependent children of dependent children Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) (a) Full name of applicant's 7. (a) Full name of applicant Danny 3 Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Marcy (b) Full maiden name of applicant's mother Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Date 7-26-80 Signature of Applicant Walden Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs acknowledgment because of religious beliefs Clerk of Court Clerk of Court Date State of Indiana HENDRICKS I swear/affirm that the information given State of Indiana I swear/affirm that the information given HENDRICKS in this application is true and correct. in this application is true and correct. County of New Address 1067 Hidden Valley Drive, Planfield, IN A6168 Subscribed and sworn to before me this 36 day of Subscribed and sworn to before me this 36 day of \_ July , 19 90 HENDRICKS Circuit Court ornic Lauson Clerk of the\_ Coxxie Lauser Clerk of the HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary \_ State of Indiana HENDRICKS State of Indiana HENDRICKS County of \_ County of \_ Signed Signed Signed \_ Mother Signed Subscribed and sworn to before me this \_ \_ day of \_\_\_\_ Subscribed and sworn to before me this \_\_\_ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ Court, by written order issued\_ and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ . County, Indiana, dated\_ DOUGLAS BRUCE HASTINGS \_\_\_, authorizing the marriage of \_\_\_\_ SUSAN JEANNINE WALDEN I further certify that the following marriage certificate was filed in my office: DAVID A. WOODS (name), certify that on 7-28-90 \_\_\_\_ (date), at \_\_\_\_ RUSSIAVILLE HOWARD County, Indiana, \_\_\_ DOUGLAS BRUCE HASTINGS SUSAN JEANNINE WALDEN \_ (state), and \_ \_\_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit HENDRICKS Court of \_ County, Indiana, dated \_\_\_\_\_ 7-28-90 /s/ DAVID A. WOODS Signed by: \_\_ MINISTER \_ (official designation)

Signed

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

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 W First Middle Last	Name Madellino Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country) W	Place of Birth (State or foreign country)
Residence Address Street of R.R. City County State	Residence Address Street or R <sub>f</sub> R. City County State
292 W. Breadway St. Donale	6012 Contract Stapp.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married  OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death ☑ Divorce Annulment □
Date of birth verified by:   Birth Certificate  Other (Specify)	Date of birth verified by: Birth Certificate HOther (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🖒 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 1€ Yes □
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 🔍 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No X Yes
3. Are you now under the influence of an alcoholic beverage? No ↑ Yes □	3. Are you now under the influence of an alcoholic beverage?  No Yes   Are you now under the influence of a narcotic drug?  No Yes
4. Are you now under the influence of a narcotic drug?  No 1. Yes   Solution 1. I is the full names of any decembers children one for the full names of any decembers.	4. Are you now under the influence of a narcotic drug?  No yes  No yes  List the full names of any dependent children.
5. List the full names of any dependent children for Charles	o. List the fall fall fall fall fall fall fall fal
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)  (b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	7. (a) Full name of applicant's A Company Page 1997
7. (a) Full name of applicant's Rujes Kerber Kerel	father 1700 and 1800 1800 1800 1800
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's July Boble William	(b) Full maiden name of applicant's Constant Marshall Marshall
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
Lacknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Signature of Applicant	Signature of Applicant \( \text{M as aline Wice Date} \)
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.  Clerk of Court  Date
Clerk of Court Date	Citik of Count
State of Indiana HENDRICKS County of Ss:  I swear/affirm that the information given in this application is true and correct.	State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
Signed Hone H. Rouell	Signed Si
	New Address
New Address  Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana HENDRICKS ) ss:
State of Indiana HENDRICKS ) ss:	County of) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of19
Clerk	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 authorizes and directs the	e issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
	HENDRICKS
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of County, Indiana,
dated k 7-26.90 , authorizing the marriage of	GENE H. REVELL and
MADALINE WIRE	
I further certify that the following marriage certificate was filed in my	office:
	t on
HENDRICKS County, Indiana, GENE H. REVELL	
IN (state), and MADALINE WIRE	of MARION County
(Sector), and	d under a marriage license that was issued by the Clerk of the Circu
HENDRICKS	
Court of County, Indiana, dated	
Signed by: /s/ DONALD R. SWANSON , PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana of	on 7-27-90 (date).
	Signed Tornie Janson Cler
	HENDRICKS Cinnett Com

AFML/PD 1

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

420
Particular Prints
7-26-90

HENDRICKS

\_Circuit Court

-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT  Name
me Prirst Allen Johnson	telly J. Smith
te of Birth Month Day Year	7 18 66
ice of Birth (State or foreign country)	Place of Birth (State or foreign country)
sidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
evious Marital Status: Never Married 4 OR	Previous Marital Status: Never Married OR
st Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
ate of birth verified by: Birth Certificate Charles (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
이 경우가 가장 있어. 아마를 바탕을 때 때마는 그는 데 그 명은 그런 그 때문에 가는 돈이 보냈다. 그렇게 모든 것	Are you now or have you ever been adjudged to be of unsound mind? No ♠ Yes □
Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed? No □ Yes □
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ☒ Yes □
Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage?  No Yes   Are you now under the influence of a parcotic drug?  No Yes   Yes   Yes
Are you now under the influence of a narcotic drug? No № Yes	<ul> <li>4. Are you now under the influence of a narcotic drug?</li> <li>5. List the full names of any dependent children.</li> </ul>
List the full names of any dependent children.	5. List the full mariles of any depondent of the state of
(a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children  Residence of father (if deceased, so state)
Residence of father (if deceased, so state)	Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)	(b) Full maiden name of mother
of dependent children	of dependent children  Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)  (a) Full name of applicant's ?	7. (a) Full name of applicant's Research H. Smith
(a) Full name of applicant's Ennat Cohness Only 1800 Positions of father (if deceased so state)	Residence of father (if deceased, so state) Still will. Only
nesidence of father (if decouses, so state)	Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	(b) Full maiden name of applicant's Tentrage Omellia Oke
mother allow the table to table to the table to	mother
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	
The above applicant has objected to verifying by oath or affirmation or signature to the above toknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
Clerk of Court Date	
State of Indiana HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information giver in this application is true and correct.
	signed X trally Enith
Signed X C. allen Johnson  New Address	New Address
Subscribed and sworn to before me this 2 day of HENDRICKS Circuit Court	Subscribed and sworn to before me this 2 day of HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County of Signed Father	Signed Fath
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of, 19 Clei
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	e issuance of a marriage license to the above named parties.
	THE RESERVE OF THE PARTY OF THE
	DE TELLE MAINTAIN COMMENTAL COMMENTS
RETURN OF MARRIAGE LICENS	HENDRICKS
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indian
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated, authorizing the marriage of	e Clerk of the Circuit Court of HENDRICKS County, Indian
I certify that there was filed in my office a marriage license issued by the dated, authorizing the marriage of, KELLY J. SMITH	e Clerk of the Circuit Court of HENDRICKS County, Indian  C. ALLEN JOHNSON and
I certify that there was filed in my office a marriage license issued by the dated, authorizing the marriage of, authorizing the marriage of, I further certify that the following marriage certificate was filed in my	e Clerk of the Circuit Court of HENDRICKS County, Indian  C. ALLEN JOHNSON and  office:
I certify that there was filed in my office a marriage license issued by the dated, authorizing the marriage of  KELLY J. SMITH  I further certify that the following marriage certificate was filed in my JERRY R. NASH (name), certify that	e Clerk of the Circuit Court of HENDRICKS County, Indian  C. ALLEN JOHNSON and  office:  t on 8-4-90 (date), atMANHATTAN
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated, authorizing the marriage of  KELLY J. SMITH  I further certify that the following marriage certificate was filed in my JERRY R. NASH (name), certify that putnam (name), certify that (name).	e Clerk of the Circuit Court of HENDRICKS County, Indian  C. ALLEN JOHNSON and  office:  t on 8-4-90 (date), at MANHATTAN  ON of HENDRICKS County
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated, authorizing the marriage of  KELLY J. SMITH  I further certify that the following marriage certificate was filed in my [name], certify that	e Clerk of the Circuit Court of HENDRICKS County, Indiana.  C. ALLEN JOHNSON and Office:  t on 8-4-90 (date), at MANHATTAN HENDRICKS County.  of MARION County.
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated, authorizing the marriage of, authorizing the marriage of	e Clerk of the Circuit Court of HENDRICKS County, Indiana.  C. ALLEN JOHNSON and Office:  t on 8-4-90 (date), at MANHATTAN HENDRICKS Count.  of MARION Count.  ed under a marriage license that was issued by the Clerk of the Circuit.
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated, authorizing the marriage of  KELLY J. SMITH  I further certify that the following marriage certificate was filed in my I, JERRY R. NASH (name), certify that	e Clerk of the Circuit Court of HENDRICKS County, Indian  C. ALLEN JOHNSON and  office:  t on 8-4-90 (date), at MANHATTAN  ON of HENDRICKS Count  of MARION Count  ed under a marriage license that was issued by the Clerk of the Circuit  3-4-90
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated, authorizing the marriage of, authorizing the marriage of	e Clerk of the Circuit Court of HENDRICKS County, Indian C. ALLEN JOHNSON an Office:  t on 8-4-90 (date), at MANHATTAN HENDRICKS County of MARION County of MAR

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

File 7-26-98
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 National Wealth Lab.

MALE APPLICANT	FEMALE APPLICANT
Name June Suglas Lastfiles &	Name Sally Renee Skinner
Date of Birth Month 9 Day 19 Year 68	Date of Birth Mighth Day 8 Year 6 9
Place of Birth (State or foreign/country)	Place of Birth (State or Topreign gountry)
Residence Address Street or R.R. City Gounty State	Residence Address, Street or R.R., City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: Birth Certificate Other (Specify) Dunus Lie	Date of birth verified by: □ Birth Certificate □ Other (Specify)
If answer is "yes," has the adjudication been removed?  No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes □     If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
3. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
(a) Full name of applicant's	7. (a) Full name of applicant's
father Jon Nauglis, Stills, St.	father Glason Wayne Skenner
Residence of father (if deceased, so state) Runshing In.  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's	(b) Full maiden name @applicants
mother free they sugmany	mother and May affeld
Residence of mother (if deceased, so state) Probability Shirthplace of mother (State or foreign country) Indiana.	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
	Bittiplace of mother (State of foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding 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 Jon D. Gills, J., Date 7-26-90	Signature of Applicant Holley Stinner Date 7/56/90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS   I swear/affirm that the information given in this application is true and correct	State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
, and approximation to the unit control.	
Signed Jon W. Gills, G. New Address Same	signed Holly Skinner
Subscribed and sworn to before me this 26 day of July 1990	New Address Subscribed and sworn to before me this 2c day of 1990
Connie Lewson Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to being me this day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
state of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss.
	County of) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of 19
	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8.1.90 , authorizing the marriage of Jon	N DOUGLAS GILES. JR.
	and.
HOLLY RENEE SKINNER	
I further certify that the following marriage certificate was filed in my of	
	on 8-4-90 (date), at BROWNSBURG in
IN	NER OTTAWA
[18] - Marian Harris, Harris Harris, Harris Harris, Harris Harris, Harris Harris, Harris, Harris, Harris, Harri	
HENDRICKS	under a marriage license that was issued by the Clerk of the Circui 8-4-90
Court of County, Indiana, dated	
Signed by: /s/ FRED W. FIEDLER PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-7-90 (date).
	Signed Lowie Lausen Clerk
FML/PD 1	HENDRICUS
	- HENDRICKS Circuit Court

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

7-27-90 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	FEMALE APPLICANT
	Name Kathryn L. Solia
Month Day Year,	Date of Birth Month Day Year
e of Birth (State or foreign country)	Place of Birth (State or foreign country)
DNO	Residence Address Street or R.R. City County State
Idence Address Street or R.R. City County State	RRJ Bax 135 tratesville 10
vious Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce ♀ Annulment □
e of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate (Other (Specify)
	1. Are you now or have you ever been adjudged to be of unsound mind? No 🏋 Yes 🗆
Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆 If answer is "yes," has the adjudication been removed? No 🗆 Yes 🗆	If answer is "yes," has the adjudication been removed? No □ Yes □
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage?  No Yes
Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the initidence of a hardon play.
List the full names of any dependent children.	5. List the full names of any dependent children.
THE RESERVE OF THE PARTY OF THE	6. (a) Full name of father
(a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of mother
(b) Full maiden name of mother of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
(a) Full name of applicant's (1)	7. (a) Full name of applicant's Paul Hunter Mandrey
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's ( )	(b) Full maiden name of applicant's Borniese Town Mulul
mother Ilinothy tilling of the	Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Birthplace of mother (State of foreign costiny)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mune deficiency syndrome). Day 1 2 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Signature of Applicant A atherm Rym Date
	Signature of Applicant
he above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
	State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
tate of Indiana HENDRICKS ) ss: in this application is true and correct.	County of
Signed Ralph & Davolch	Signed Dathunkynn Solia
New Address RR 2 Box 1351 Contisville	New Address
subscribed and sworn to before me this 27 day of 1990	Subscribed and sworn to before me this 21 day of HENDRICKS Circuit Court
onnul January Clerk of the HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tate facts which make the consent of the other parent difficulties.	
State of Indiana HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
County of	County of)
SignedFather	Signed Fathe
Signed Mother Subscribed and sworn to before me this day of, 19	Signed day of, 19
Subscribed and sworn to before me this day of figure Clerk	Subscribed and sworm to before me this Cler
	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	e issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
	HENDRICKS
Loovilly that there was filed in my office a marriage license issued by the	
I certify that there was filed in my office a marriage license issued by the	LPH I. SAVOLDI
7 27 00 RAI	
	LPH I. SAVOLDI and
dated, authorizing the marriage ofRAI	office:
dated, authorizing the marriage of	office: t on8-7-90 (date), atCOATESVILLE i
Adated	office:  t on8-7-90
dated	office:  t on
Adated	office:  t on8-7-90
Adated	office:  t on8-7-90
Adated	office:  t on 8-7-90 (date), at COATESVILLE in HENDRICKS County  SELIG of HENDRICKS County  d under a marriage license that was issued by the Clerk of the Circuity  7-27-90
Adated	office:  t on

AFML/PD 1

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

7-27-90
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

Jein

Oci

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Wildel Ross Bassar	Name / First / Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR	Browley Maritel Chapter News Married D.
	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ⊕ Yes □
3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No✓ Yes □  Yes □	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  Yes
4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  Yes	4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  Yes
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children Merrill Blaine Brunner
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother Sandya Marie Lande
of dependent children	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's and Ool One	7. (a) Full name of applicant's
father Touch Touch Constitution	father
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicants	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's
mother Mada parame Terris	mother
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  Alixonia	Residence of mother (if deceased, so state)
Birtiplace of mother (state of foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Muchael Ross Bonas Date July 27, 1990	Signature of Applicant Walley March Brundbate July 27, 199
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment acquise of reliable.  Clerk of Cr. Date 7-21-6	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment has of religious belief.  Clerk of Court Date
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
Signed X Michael Ross Bonas	Signed Marie Brunder
New Address Same as above	New Address Admil
Subscribed and sworn to before me this 27 day of July 1990	Subscribed and sworn to before me this 27 day of July 1990
Corne Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	Court, by written order issued
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 7-27-90 , authorizing the marriage of M.	ICHAEL ROSS BONAR and
	and.
DAWN MARIE BRUNNER  I further contify that the following mannings contificate was filed in many	
I further certify that the following marriage certificate was filed in my of	
I, HAROLD L. LEININGER (name), certify that	
HENDRICKS County, Indiana, MICHAEL ROSS BONA	
	of HENDRICKS County,
HENDRICKS	under a marriage license that was issued by the Clerk of the Circuit
Court of County, Indiana, dated	-18-90
Signed by: /s/ HAROLD L. LEININGER SENIOR I	PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-21-90 (date).
	Signed Clerk

AFML/PD 1

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File 7-27-90
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.

MALE APPLICANT

Female
Medical Examination or Report Dated
Name of Physician

Arru Found

Arru Found

Medical Examination or Report Dated

The control of the co	MALE APPLICANT	FEMALE APPLICANT
Door of their Month of County (1996) and the second of the county (1996) and the county	A man bladle (10h) a c :	Name ( ) First Middle Last Class
Figure 1 filter or branger country   Out   Column   Colum	Maria le. Williams	
Relations planted in the Name of Done  Annual Markings (Done)   Done   D	vale of birth	
The control of the visition of the control of the c	Place of Birth (State or foreign country)	Galara
The first time of this is the rest farmer   On		
The analysis of the first of the properties of the control of the	1000 9 xear with	Provious Marital Status: Never Married D OR
and believe without for the my seek set less individually to the minimum of a principal control of the my seek set less individually to the minimum of a principal control of the minimum of an accordance of the minimum of a set accordance of the minimum of accordance of the minimum of a set accor	Previous Marital Status: Never Married OR	Provide Marian States
An you not were in have you over been estinological to be of uncound month of the comment of the	ast Marriage Ended By: Death Divorce Annulment	Last marriage Lines by
An you on an internal projection to be received an internal mind of the project o	Date of birth verified by: Birth Certificate Other (Specify)	© Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)
The post of rating you can be a final manufacture and a manufacture of the control of the contro		1 Are you power have you ever been adjudged to be of unsound mind? Not Yes
The sport of the file of the file of the sport of the spo		
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As you now under the otherword of an excellent congress.  Let be all makes of the process of the	Are you related to the lemale applicant closer than seems.	
Little to large and a large control of programment of the control of the contro		
Complete   Figure   County	3. Are you now under the influence of a flactoric drugger	
Description of a finder of colored control of these of colored control of colored control of these of colored co		5. List tile full flames of any depondent amount
The control form of the control of t	ma chagia susan	6 (a) Full name of father
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(b) Full master care of mother of closes of control (Colorado Santa Part Colorado Co		Birthplace of father (State or foreign country)
of dependent children Residence of mother (of social cases, so state) Residence of state (riske as foreign country) Residence of state (riske as foreign country) Residence of state (riske as foreign country) Residence of mother (riske cases, to state) Residence of mother (riske		(b) Full maiden name of mother
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The full name of applicants in the property of	Residence of mother (if deceased, so state)	
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Residence of table (If document, or state)  Berejace of table (State or foreign country)  Complete in the control of the contr	I III POLICE A COME	I DATE I I III NOW . 9 VVD
Birchjace of table ((Sasse Ostalas), 9 state)  Birchjace of table ((Sasse Ostalas), 9 state)  Birchjace of table ((Sasse of review) country)  (b) Full made mane of applicant's Country of Birchjace of table (Sasse of review) country)  Birchjace of mother ((Rasse of review) country)  Birchjace of mother (Rasse of review) country)  Birchjace of the sther (Rasse of review) country)  Birchjace of the sther (Rasse of review) country)	Chalins	(he alia aa
(b) Full masslers name of applicants (continue in foreign on the property of t	Residence of father (if deceased, so state)	(IP)
Residence of mother (fisted or foreign country)  ACHONOVEEDQUENT  Lacknowledge that I have necessed information regarding dargerous communicable diseases that are security remember, and plaint give lest spins for the agreement of the content of t		
Residence of mother (Bate or florege country)  ACHOWLEDAMIN  Lecknowlooding that I have reclaimed information regarding designous communicable diseases and the analysis of the second of the country of programments, and just of the set states for programments, and just of the set states for programments, and just of the set states for programs communicable diseases and the analysis of the set states of programs communicable diseases and the analysis of the set states of programs communicable diseases and as a warment presented, and a fail of the set states for the virtual hard causes AIDS (sequined immune deficiency syndromes).  The above applicant has objected to verifying by cash or affirmation or signature to the above excinosedigment because of religious beliefs.  Clerk of Court  Date  I several/affirm that the above applicant has objected to verifying by cash or affirmation or signature to the above excinosedigment because of religious beliefs.  Clerk of Court  New Address  Superflowed and very not beging the that 2 day of 1 10 2 0  Superflowed and very not beging the that 2 day of 1 10 2 0  Superflowed and very not beging the that 2 day of 1 10 2 0  Superflowed and very not beging the that 2 day of 1 10 2 0  Superflowed and very not beging the third of the above application is true and correct.  Signed  Superflowed and sworn to before me this 3 day of 1 10 2 0  State of Indiana HENDRICKS  Signed  Superflowed and sworn to before me this 3 day of 1 10 2 0  State of Indiana HENDRICKS  Signed  Signed	IN LUVA I I MUA I MADIEIC	INTIMONO (INDONO) CAR
Birthplace of mother (Bate or foreign country)  ACKNOWLEDGMENT  Lackcondedge that I have received information regarding dangerous communicable diseases that are sexually renamited, and plant of the text allow foreign country.  Bignature of Applicant Accident information regarding dangerous communicable diseases that are sexually renamited, and plant of the text allow foreign that I have received information regarding dangerous communicable diseases that are sexually renamited, and a list of the text allow foreign country of plant and plant of the text allows ADS (acquired interpretation of Applicant).  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clark of Count  Date  Date  Lackcondedge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the text allow fight that the plant of the above acknowledgment because of religious beliefs.  Clark of Count  Date  Clark of Count  New Address  Supported and sworn to applicant has objected to verifying by coath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clark of Count  New Address  Supported and sworn to applicant has objected in the paper of the plant of the country of the plant of the plant of the plant of the plant of country of the plant of the plant of the plant of country of the plant of the paper of the plant of country of the plant of the plant of country of the plant of the paper of the paper of the paper of the paper of the plant of the paper of	(heal - a	Residence of mother (if deceased, so state)
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that are sexually transmitted, and a list of the test sites for the vicus that causes ALDS (acquired immune deficiency syndrone)  Date 7-7-9  Signature of Applicant Signature of Appli	ACKNOWLEDGMENT	
Signature of Applicant has objected to verifying by cash or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by cash or affirmation or signature to the above acknowledgment because of religious beliefs.  Date  Dat	I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
Signature of Applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verify applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verify applicant has objected to verify applicant has objected to the above application is true and correct.  COMENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary.  State of Indiana HENDRICKS  Signed  Signed  Signed  Signed  Signed  Signed HENDRICKS  Signed by of Liefs of the above named parties, the county of the other parent unnecessary.  State of Indiana HENDRICKS  Signed by of Liefs of the Circuit Court of HENDRICKS  County of Liefs of the circuit Court of HENDRICKS  County, Indiana, DAVID WILLIAMS  of HENDRICKS  County, Indiana, DAVID WILLIAMS  of HEND	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	immune deficiency syndrome).
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of religious beliefs.  Date  Date  Clerk of Court  Date  Date  Clerk of Court  Date  Lawren/affirm than be information given by the county of the property of the prope	Signature of Applicant X Distriction Date 7-27-80	Signature of Applicant Rule Date 177-90
Clerk of Court Date   D		The above applicant has objected to verifying by eath or affirmation or signature to the above
Control Court    Color   Court   Color   Color	The above applicant has objected to verifying by oath or affirmation or signature to the above	acknowledgment because of religious beliefs.
State of Indiana HENDRICKS   ss.   I swear/affirm that the information given in this application is true and correct.		Clerk of Court Date
State of Indiana HENDRICKS   second to before me this application is true and correct.  County of Signed   Sign	to the state of constinuous	State of Indiana ) I swear/affirm that the information given
Signed Substituted and swom to before me this day of the Abrica Signed Signed Mother Subscribed and swom to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County of Marriage license and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage of Mother Mother Mother Signed Mother Membra Mother Mothe	State of indiana HENDRICKS SS: in this application is true and correct	HENTIKU AS . So. in this conflication is true and correct
New Address Subscribed and sworn to belope me this 27 day of 19 20  CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Signed Signed Signed Signed Subscribed and sworn to before me this Signed Subscribed and sworn to before me this Signed Subscribed and sworn to before me this Subscribed and sw		L & Whomah & Kuller
Subscribed and sworn to before me this 2 day of 10 logical tool the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Signed Mother  Subscribed and sworn to before me this day of 19 Signed Mo	Signed X New York Comments	(
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   Signed	New Address San 1 1 8 2	New Address VIII 1990
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  HENDRICKS  Signed  Signed  Signed  Subscribed and sworn to before me this  County of  County	Subscribed and sworn to before me this 2 day of 19 19	Subscribed and sworn to before me this day of HINDRICKS Circuit Court
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Subscrib	Correl Towson Clerk of the Circuit Court	Clerk of the Circuit Count
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary    State of Indiana   HENDRICKS	CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
State of Indiana HENDRICKS   ss:    Signed	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
Signed Signed Signed Mother Subscribed and sworn to before me this day of 19 Subscribe	state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Signed Signed Signed Mother Subscribed and sworn to before me this day of 19 Subscribe		
Signed Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk Court of Mother County authorizes and directs the issuance of a marriage license having been refused to the above named parties, the County that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of MENDRICKS County, Indiana, dated 7-27-90 authorizing the marriage of DAVID WILLIAMS and DEBORAH KELLER  If further certify that the following marriage certificate was filed in my office:  I, TIM WILLIAMS (name), certify that on 7-27-90 (date), at FREEDOM in DEBORAH KELLER of HENDRICKS County, Indiana, dated 7-27-90  Signed Mother Signed Subscribed and sworn to before me this day of Leven this day of Leven the above named parties, the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-27-90 (date), at FREEDOM in HENDRICKS County, Indiana, dated 7-27-90  Signed by: /s/ TIM WILLIAMS PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 7-31-90 (date).	State of Indiana HENDRICKS ss:	
Signed	County of)	
Subscribed and sworn to before me this	Signed Father	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 7-27-90 authorizing the marriage of DAVID WILLIAMS and FREEDOM in Interpretation of HENDRICKS County, Indiana, DAVID WILLIAMS of HENDRICKS County, Indiana, dated 7-27-90  Signed by: /s/ TIM WILLIAMS County, Indiana, dated 7-27-90  Signed by: /s/ TIM WILLIAMS PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 7-31-90 (date).		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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, DAVID WILLIAMS and In MILLIAMS and In M		
and filed in authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-27-90, authorizing the marriage of DAVID WILLIAMS and LEBORAH KELLER  If further certify that the following marriage certificate was filed in my office:  I, TIM_ WILLIAMS	Clerk	Clerk
and filed in	COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-27-90 , authorizing the marriage of DAVID WILLIAMS and DEBORAH KELLER  I further certify that the following marriage certificate was filed in my office:  I, TIM WILLIAMS (name), certify that on 7-27-90 (date), at FREEDOM in DAVID WILLIAMS of HENDRICKS County, Indiana, DAVID WILLIAMS of HENDRICKS County, Indiana, DEBORAH KELLER of MENDRICKS County, Indiana, dated 7-27-90  IN (state), and DEBORAH KELLER of MENDRICKS County, Indiana, dated 7-27-90  Signed by: /s/ TIM WILLIAMS (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 7-31-90 (date).	County	Court, by written order issued
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of    Townstand   Town	and filed in, authorizes and directs the	e issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of    Townstand   Town		THE RESIDENCE OF THE PARTY OF T
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of		HENDRICKS
dated	I certify that there was filed in my office a marriage license issued by th	e Clerk of the Circuit Court of County, Indiana,
DEBORAH KELLER  I further certify that the following marriage certificate was filed in my office:  I, TIM WILLIAMS	7-27-90 authorizing the marriage of D.	AVID WILLIAMS and
I further certify that the following marriage certificate was filed in my office:  I, TIM WILLIAMS	dated, authorizing the marriage or	
I,	DEBORAH KELLER	
I,	I further certify that the following marriage certificate was filed in my	office:
OWEN County, Indiana, DAVID WILLIAMS of HENDRICKS County, Indiana, of State), and DEBORAH KELLER of HENDRICKS County, Indiana, dated Toward under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated Toward (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on Toward (date).		t on (date), at in
IN (state), and		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 7-27-90  Signed by: /s/ TIM WILLIAMS PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 7-31-90 (date).		HENDRICKS
Court of County, Indiana, dated 7-27-90  Signed by: /s/ TIM WILLIAMS PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 7-31-90 (date).	(state), and	
Signed by: /s/ TIM WILLIAMS PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 7-31-90 (date).		
Signed by: /s/ TIM WILLIAMS PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 7-31-90 (date).	Court of HENDRICKS County, Indiana, dated 7	-27-90
Filed and recorded in accordance with the laws of the State of Indiana on 7-31-90 (date).	Court or	(official designation)
Fried and recorded in accordance with the law of the state of	Signed by: /S/ TIM WIBBIAND	그 경기 가는 것 같아.
Signed Townie Langue To	Filed and recorded in accordance with the laws of the State of Indiana	on 7-31-90 (date).
METER AND		Signed Torrie James Clerk
		HENDRICKS Circuit Court

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

File 7-27-90
Date of Application

Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Date of Birth Month Day Year	
Date of Birth Month Day Year	Name The First & Middle Last 1
100	Date of Birth Month , Day Year , Year
Place of Birth (State or foreign country)	1 17 64
- Danielle Il.	Place of Birth (State or foreign country)
Residence Address Street or R.R., City Scounty State	Residence Address, Street or R.R. City County State
Previous Marital Status: Never Married □ OR	36 12 to Main Brumshing in
	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death □ Divorce Annulment □
Date of birth verified by: Birth Certificate  Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify) Khanes Lin
1	
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No Ares
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
3. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's left and for the second se	7. (a) Full name of applicant's 0.
tather rect to the cathrap	father archie marquart Josson
Residence of father (if deceased, so state) Branching, S.	Residence of father (if deceased, so state) Brownstown, In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother this Caudill	(b) Full maiden name of applicant's
Residence of mother (if deceased, so state) Branshur	mother Birdie Marie Ottaker
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Drumstann, S.
	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	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 7-27-96	Signature of Applicant Wary & Ashley Date 7-29-96
The share and the state of the	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana HENDRICKS ) ss:   I swear/affirm that the information given in this application is true and correct.
1. Dit	100
Signed Auro	Signed Mary & Alberra
	New Address Samo
Subscribed and sworn to before me this 27 day of July 1990  Cornel Carrow Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 27 2 day of July 1990
	Clerk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
/e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana	
tate of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father
ubscribed and sworn to before me this day of 19	Signed Mother
	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	COURT by written order issued
nd filed in, authorizes and directs the	
	E AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENS	Filling Chill ICATE
	Clark of the City of the HENDRICKS
certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County Indiana
certify that there was filed in my office a marriage license issued by the ated 7–27–90, authorizing the marriage of	Clerk of the Circuit Court of HENDRICKS County Indiana
certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County Indiana
certify that there was filed in my office a marriage license issued by the ated 7-27-90, authorizing the marriage of	Clerk of the Circuit Court of HENDRICKS County, Indiana,  TIMOTHY LEE LATHROP and
certify that there was filed in my office a marriage license issued by the ated 7–27–90, authorizing the marriage of	Clerk of the Circuit Court of HENDRICKS County, Indiana,  TIMOTHY LEE LATHROP and  Grice:
certify that there was filed in my office a marriage license issued by the ated 7-27-90, authorizing the marriage of	Clerk of the Circuit Court of HENDRICKS County, Indiana,  TIMOTHY LEE LATHROP and  fice:  on
certify that there was filed in my office a marriage license issued by the ated 7-27-90, authorizing the marriage of	Clerk of the Circuit Court of HENDRICKS County, Indiana,  TIMOTHY LEE LATHROP and  Critice:  On
certify that there was filed in my office a marriage license issued by the ated 7-27-90, authorizing the marriage of	Clerk of the Circuit Court of HENDRICKS County, Indiana,  TIMOTHY LEE LATHROP and  Timothy Lee L
certify that there was filed in my office a marriage license issued by the ated 7-27-90, authorizing the marriage of	Clerk of the Circuit Court of HENDRICKS County, Indiana,  TIMOTHY LEE LATHROP and  Timothy Lee L
certify that there was filed in my office a marriage license issued by the ated 7-27-90, authorizing the marriage of	Clerk of the Circuit Court of HENDRICKS County, Indiana,  TIMOTHY LEE LATHROP and  Tice:  on 7-28-90 (date), at BROWNSBURG in  ROP of HENDRICKS County,  RN of HENDRICKS County,  under a marriage license that was issued by the Clerk of the Circuit
certify that there was filed in my office a marriage license issued by the ated 7-27-90, authorizing the marriage of	Clerk of the Circuit Court of HENDRICKS County, Indiana,  TIMOTHY LEE LATHROP and  Circuit Court of HENDRICKS County,  ROP of HENDRICKS County,  RN of HENDRICKS County,  under a marriage license that was issued by the Clerk of the Circuit  28-90
certify that there was filed in my office a marriage license issued by the ated 7-27-90, authorizing the marriage of	Clerk of the Circuit Court of HENDRICKS County, Indiana,  TIMOTHY LEE LATHROP and  Timothy Lee L
certify that there was filed in my office a marriage license issued by the ated 7-27-90, authorizing the marriage of	Clerk of the Circuit Court of HENDRICKS County, Indiana,  TIMOTHY LEE LATHROP and  Timothy Lee L
certify that there was filed in my office a marriage license issued by the ated 7-27-90, authorizing the marriage of	Clerk of the Circuit Court of HENDRICKS County, Indiana,  TIMOTHY LEE LATHROP and  Temperature and timothy

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

7-27-98
Date of Application

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

Female Medical Examination or Report Dated 7-26-90

Name of Physician Palest & Giello, M.D. 7-26-90

MALE APPLICANT	FEMALE APPLICANT
Name A First Middle O Ost	Name Annette Anidale Graham
Date of Birth Month Day 14 Year	Date of Birth Month 7 Day // Year 6 7
10 25 66	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Inninipalis on
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
	Previous Marital Status: Never Married OR
TOTOGO MATINA SIAMO	
Last Marriage Ended By: Death Divorce Annulment .	, F
Date of birth verified by:   Birth Certificate  Other (Specify)	Date of birth verified by:   Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes □
Are you now or have you ever been adjudged to be of discount mind.	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
if answer is yes, has the adjudication been removed.	2. Are you related to the male applicant closer than second cousin?
2. Are you related to the lemale applicant closer than seems.	3. Are you now under the influence of an alcoholic beverage?
3. Are you now under the mindence of an algorithm	4. Are you now under the influence of a narcotic drug?
4. Are you now under the initiation of a national diagram	5. List the full names of any dependent children.
5. List the full names of any dependent children.	
6. (a) Full name of father	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother of dependent children
of dependent children	Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	0. 10 0
7. (a) Full name of applicant's len lugens Craper	7. (a) Full name of applicant of the father diebrey Kellig Kraham
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Pullabara, In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's $21 + 1$
mother sharm Marie dange	mother the thinks
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	ACKNOWLEDGMENT
ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	A CONTRACTOR OF THE PROPERTY O
Signature of Applicant Stephen Michael Cooper Date 7-27-90	Signature of Applicant Committee Sulmo Date 7274
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana   I swear/affirm that the information given	State of Indiana  HENDRICKS  I swear/affirm that the information given in this application is true and correct.
HENDRICKS ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed Stephen Michael Cooper	Signed annth Subran
Signed Supremental Signed	New Address
New Address	Subscribed and sworn to before me this 27 b day of July 19 70
Subscribed and sworn to before methis 27th day of HENDRICKS Circuit Court	Subscribed and sworn to before me this 27 day of HENDRICKS  Circuit Court
OFFICE CIGIN OF ATO	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State facts which make the consont of the other parent distributions	
State of Indiana	State of Indiana HENDRICKS ) ss;
State of Indiana HENDRICKS ) ss:	County of) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	the Manager to the property of the should provide the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	e issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 7-27-90, authorizing the marriage of	
ANNETTE FAITH GRAHAM	
I further certify that the following marriage certificate was filed in my	office:
Turther certify that the following marriage certificate was filed in my	t on 9-15-90 (date), at DANVILLE in
I, ANDREW J. SIMKINS (name), certify tha	t on (uate), at m
	HEL COOPER OF HENDRICKS County, HAM HENDRICKS COUNTY
IN (state), and ANNETTE FAITH GRA	of RENDRICKS County,
IN (state) were married by me as authorize	ed under a marriage license that was issued by the Clerk of the Circuit
HENDRICKS	9-15-90
Court of county, indiana, dated	
Signed by: /s/ ANDREW J. SIMKINS MINSITER	
Filed and recorded in accordance with the laws of the State of Indiana	on (date).
	NEW TOTAL OF THE PROPERTY OF T
	HENDRICKS Circuit Court

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

7-30-90 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 

Place of Birth (State or foreign country)  Residence Address Street or B.B. City grounty State  Previous Marital Status: Never Married OR  Previous Marital Status: Never Married OR  Previous Marital Status: Never Married OR	Annulment   (Specify)   Annulment   (Specify)   Of unsound mind? No   Yes   ed?   No   Yes   econd cousin?   No   Yes
Date of Birth Month Day Year  Place of Birth (State or foreign country)  Residence Address Street or R.R. City Gounty State  Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify) Address Street or R.R. Date of birth verified by: Birth Certificate Other (Specify) Address Street or R.R. City Condition of the female applicant closer than second cousin? No Yes State Marriage Ended By: Death Divorce Married Status: Never Married St	Annulment   (Specify) Annulment   (Specify) Annulment   (Specify) No Yes   ed? No Yes   econd cousin? No Yes
Place of Birth (State or foreign country)  Residence Address Street or B.B. City Gounty State  Previous Marital Status: Never Married OR  Last Marriage Ended By: Death   Divorce   Annulment    Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Date of birth verified by:   Date of birth verified by:   Date of birth verified b	Annulment   (Specify)   Annulment   (Specify)   Of unsound mind? No   Yes   ed?   No   Yes   econd cousin?   No   Yes
Residence Address   Street or R.R.   City   Core	Annulment   (Specify)   Annulment   (Specify)   Of unsound mind? No   Yes   ed?   No   Yes   econd cousin?   No   Yes
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death   Divorce   Annulment    Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Birth Certificate   Other (Specify)   Date of birth verified by:   Date of	of unsound mind? No Yes   ed? No Yes   econd cousin? No Yes
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify) Annulment Date of birth verified by: Birth Certificate Other (Specify) Annulment Date of birth verified by: Birth Certificate Other (Specify) Annulment Date of birth verified by: Birth Certificate Other (Specify) Date of birth ve	of unsound mind? No Yes   ed? No Yes   econd cousin? No Yes
Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth	of unsound mind? No Yes   ed? No Yes   econd cousin? No Yes
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes   1. Are you now or have you ever been adjudged to be If answer is "yes," has the adjudication been removed? No Yes   2. Are you related to the female applicant closer than second cousin? No Yes   3. Are you now under the influence of an alcoholic beverage? No Yes   3. Are you now under the influence of an alcoholic beverage? No Yes   4. Are you now under the influence of an arcotic drug? No Yes   5. List the full names of any dependent children.   5. List the full names of any dependent children.   6. (a) Full name of father	of unsound mind? No 🛎 Yes 🗆 ed? No 🗆 Yes 🗆
If answer is "yes," has the adjudication been removed?  No Yes   If answer is "yes," has the adjudication been removed?  Are you related to the female applicant closer than second cousin? No Yes   2. Are you related to the male applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage? No Yes   3. Are you now under the influence of an alcoholic been alcohol	ed? No Pyes Pecond cousin? No Yes Pyes Pyes Pyes Pyes Pyes Pyes Pyes Py
2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of father  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of father	econd cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of father  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  5. List the full names of any dependent children.  6. (a) Full name of father	
4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of father  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of father	volage: NO 15 165 LI
5. List the full names of any dependent children  6. (a) Full name of father  6. (a) Full name of father	? Nota Yes
	ALTERNATION REPORTS
Residence of father (if deceased, so state) Residence of father (if deceased, so state)	
Birthplace of father (State or foreign country) Birthplace of father (State or foreign country)	7.
(b) Full maiden name of mother (b) Full maiden name of mother of dependent children of dependent children	
of dependent children of dependent children of dependent children Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)	
Birthplace of mother (State or foreign country)  Birthplace of mother (State or foreign country)	100
7. (a) Full name of applicant's 7. (a) Full name of applicant's 7.	Contill
Residence of father (if deceased, so state)	for who
Birthplace of father (State or foreign country)  Birthplace of father (State or foreign country)  Birthplace of father (State or foreign country)	Antolo In.
(b) Full maiden name of applicant's, + + + + + + + + + + + + + + + + + + +	R.
Residence of mother (if deceased, so state) Photo In	Trun In
Birthplace of mother (State or foreign country)  Birthplace of mother (State or foreign country)  Birthplace of mother (State or foreign country)	haden In.
Simplified of motiver (state of foreign country)	
ACKNOWLEDGMENT ACKNOWLEDGMEN	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for	
Signature of Applicant Lovin E. College Date 30-90 Signature of Applicant Middle M. Comp	hell -7-31-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	r affirmation or signature to the above
Clerk of Court Date Clerk of Court	Date
County of HENDRICKS   ss: in this application is true and correct.   County of HENDRICKS   ss: in   Signed Rudium M	swear/affirm that the information given this application is true and correct.  Compbell
New Address 7777 & Yale ave. K-30/ Demel, Co. New Address 7777 & Va	le fire K-301 Denv
Subscribed and sworn to before me this BO day of HENDRICKS Circuit Court  Subscribed and sworn to before me this BO day of HENDRICKS Circuit Court  Clerk of the	July 180 80
Clerk of the HENDRICKS Circuit Court Court Court Court Clerk of	the Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
State of Indiana HENDRICKS ) ss: State of Indiana HENDRICKS ) ss: County of)	
Signed Father Signed	
Signed Mother Signed	
Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of	
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the	ne above named parties, the
	ned parties
and filed in authorizes and directs the issuance of a marriage license to the above pan	ieu parties.
and filed in, authorizes and directs the issuance of a marriage license to the above nan	
and filed in, authorizes and directs the issuance of a marriage license to the above nan  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	
and filed in, authorizes and directs the issuance of a marriage license to the above nan  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	County, Indiana,
and filed in, authorizes and directs the issuance of a marriage license to the above nan  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of  T=30-90  REVIN E DATEON	County, Indiana,
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDR	County, Indiana,
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of  HENDR  dated	County, Indiana,
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of  HENDR  dated	County, Indiana,
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDR  dated 7-30-90 , authorizing the marriage of KEVIN E. PATTON  ANDREN M. CAMPBELL  I further certify that the following marriage certificate was filed in my office:  I, MYRON BARNARD (name), certify that on 8-4-90 (date), at	county, Indiana, and  INDIANAPOLIS 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 HENDR  dated 7-30-90 , authorizing the marriage of KEVIN E. PATTON  ANDREN M. CAMPBELL  I further certify that the following marriage certificate was filed in my office:  I, MYRON BARNARD (name), certify that on 8-4-90 (date), at MARION County, Indiana, KEVIN E. PATTON of	INDIANAPOLIS in ARAPHOE County,
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDR  dated 7-30-90 , authorizing the marriage of KEVIN E. PATTON  ANDREN M. CAMPBELL  I further certify that the following marriage certificate was filed in my office:  I, MYRON BARNARD (name), certify that on 8-4-90 (date), at MARION County, Indiana, KEVIN E. PATTON of MARION (state), and ANDREN M. CAMPBELL of HI	INDIANAPOLIS in ARAPHOE County, ENDRICKS County,
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICATE  AND MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  HENDRICATE  HENDRICATE  HENDRICATE  HENDRICATE  AND MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  HENDRICATE  HENDRICATE  HENDRICATE  HENDRICATE  AND MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  HENDRICATE  HENDRICATE  HENDRICATE  AND MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  HENDRICATE  HENDRICATE  HENDRICATE  AND MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  HENDRICATE  HENDRIC	INDIANAPOLIS in  ARAPHOE County, ENDRICKS County,
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDR  dated 7-30-90 , authorizing the marriage of KEVIN E. PATTON  ANDREN M. CAMPBELL  I further certify that the following marriage certificate was filed in my office:  I, MYRON BARNARD (name), certify that on 8-4-90 (date), at MARION County, Indiana, KEVIN E. PATTON of MARION (state), and ANDREN M. CAMPBELL of HIDIANA (state) were married by me as authorized under a marriage license that was issued Court of MENDRICKS County, Indiana, dated 8-4-90	INDIANAPOLIS in  ARAPHOE County, ENDRICKS County,
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDR  dated 7-30-90 , authorizing the marriage of KEVIN E. PATTON  ANDREN M. CAMPBELL  I further certify that the following marriage certificate was filed in my office:  I, MYRON BARNARD	INDIANAPOLIS in ARAPHOE County, ENDRICKS County,
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDR  dated 7-30-90 , authorizing the marriage of KEVIN E. PATTON  ANDREN M. CAMPBELL  I further certify that the following marriage certificate was filed in my office:  I, MYRON BARNARD	INDIANAPOLIS in  ARAPHOE County, ENDRICKS County,
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDR  dated 7-30-90 , authorizing the marriage of KEVIN E. PATTON  ANDREN M. CAMPBELL  I further certify that the following marriage certificate was filed in my office:  I, MYRON BARNARD	INDIANAPOLIS in ARAPHOE County, ENDRICKS County,

#### 336

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

AFML/PD 1

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the

#### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Medical Examination or Report Dated

No. 700 File 7-31-70

HENDRICKS

Circuit Court

**Date of Application** 

circuit court when the person applies for a marriage license under IC Name of Physician 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Date of Birth 5 Place of Birth (State or foreig Place of Birth (State or for Residence Address Previous Marital Status: Never Married **Previous Marital Status:** Last Marriage Ended By: Divorce Annulment □ Death Divorce Annulment □ Death Last Marriage Ended By: Date of birth verified by: 

Birth Certificate Other (Specify) Date of birth verified by: | Birth Certificate | Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Yes 🗆 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗆 If answer is "yes," has the adjudication been removed? No 🗆 Yes 🗆 If answer is "yes," has the adjudication been removed? Xes 🗆 Are you related to the female applicant closer than second cousin? No Yes 🗆 Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Yes 🗆 Are you now under the influence of an alcoholic beverage? Are you now under the influence of a parcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. Stephanie Jo Sommers 12 uns Robert Jacob Sommer 10 yrs (a) Full name of father of dependent children of dependent children Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of mother (b) Full maiden name of mother of dependent children of dependent children Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country Birthplace of mother (State or foreign country) (a) Full name of applicant's Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Catherine Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome Signature of Applicant Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs Clerk of Court Clerk of Court Date State of Indiana HENDRICKS I swear/affirm that the information giver swear/affirm that the information given HENDRICKS County of in this application is true and corre County of Subscribed and sworn to before me this 31 19 40 Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary \_ State of Indiana HENDRICKS State of Indiana HENDRICKS County of \_ County of \_ Signed Signed Mother Signed \_ day of \_\_ Subscribed and sworn to before me this \_ Subscribed and sworn to before me this \_ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been 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. 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 \_ County, Indiana, dated 7-31-90 \_\_\_\_, authorizing the marriage of \_\_\_\_\_ STEPHEN JOSEPH SOMMERS ELIZABETH ANN KLEIN I further certify that the following marriage certificate was filed in my office: 8-18-90 (date), at ST. MICHAEL & GABRIEL in I, \_\_\_\_\_\_\_ (name), certify that on \_\_\_\_ STEPHEN JOSEPH SOMMERS HENDRICKS County, Indiana, \_\_\_\_ of \_\_\_ HENDRICKS \_\_ (state), and \_\_ ELIZABETH ANN SLEIN HENDRICKS \_ of \_\_\_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit County, Indiana, dated 8-18-90 Court of \_\_ PRIEST Signed by: /s/ JOHN MARMUREANU \_\_\_\_ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_\_10-16-90 (date). Signed \_

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

7-31-90 Date of Application

337

Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Name of Physician \_

MALE APPLICANT	FEMALE APPLICANT
Jame 7 First R Middle Suralley Day Day Year 63	Name Carrier Medicale days of Potential Day 2 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Danville on.	Residence Address Street or R.R. City A County o State
esidence Address Street or R.R. Sity County State In.	36 Purpura Dr. Danvelle
revious Marital Status: Never Married OR	Previous Marital Status: Never Married OR
ast Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death □ Divorce □ Annulment □
ate of birth verified by:   Birth Certificate Other (Specify) Thrus Tie.	Date of birth verified by: Birth Certificate & Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No	Are you now or have you ever been adjudged to be of unsound mind? No Ye
Are you now or have you ever been adjudged to be of unsound mind? No Yes   If answer is "yes," has the adjudication been removed?  No Yes	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
. Are you now under the influence of an alcoholic beverage? No Yes	Are you now under the influence of an alcoholic beverage?
. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of father	6. (a) Full name of father
(a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
(a) Full name of applicant's Tray Smalley	7. (a) Full name of applicant's hall karl Auroc
Residence of father (if deceased, so state) Judgels., In.	Residence of father (if deceased, so state) A kansa
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Bee Slagle	(b) Full maiden name of applicant's some Webst
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) New Yerker
ACKNOWLEDGMENT  acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable dise
nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acqu
ignature of Applicant / Date )-31-90	Signature of Applicant Colon M Cycock Date 7-31.
Ignature of Applicant	Signature of Applicant Date Date
he above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the a acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
tate of Indiana HENDRICKS ) I swear/affirm that the information given	State of Indiana HENDRICKS ) ss: I swear/affirm that the information of in this application is true and correct
tate of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct
Signed Ky Well	Signed Carex of ayroch
New Address Same	New Address 1831 S Smith Rd
ubscribed and sworn to before me this 31 of day of HENDRICKS  Circuit Court	Subscribed and sworn to before me this 31et day of July 19.30  Circuit
Chrue Kausan Clerk of the HENDRICKS Circuit Court	Clerk of the Circuit (
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
/e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, late facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary
	The state will be the state of
tate of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
ounty or)	County of)
Signed Father	
Signed Mother	Signed M
Signed Mother ubscribed and sworn to before me this day of 19	Signed M Subscribed and sworn to before me this day of, 19
Signed Mother ubscribed and sworn to before me this day of 19 Clerk	Signed M Subscribed and sworn to before me this day of 19
Signed Mother ubscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Signed M Subscribed and sworn to before me this day of 19  A marriage license having been refused to the above named parties,
Signed Mother ubscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	Signed M Subscribed and sworn to before me this day of 19  A marriage license having been refused to the above named parties, Court, by written order issued
Signed Mother ubscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the	Signed M Subscribed and sworn to before me this day of 19  A marriage license having been refused to the above named parties, Court, by written order issued issuance of a marriage license to the above named parties.
Signed Mother ubscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the  RETURN OF MARRIAGE LICENSE	Signed M Subscribed and sworn to before me this day of 19  A marriage license having been refused to the above named parties, Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE
Signed Mother ubscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the  RETURN OF MARRIAGE LICENS  certify that there was filed in my office a marriage license issued by the	Signed
Signed Mother ubscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the	Signed
Signed Mother  ubscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the  RETURN OF MARRIAGE LICENS  certify that there was filed in my office a marriage license issued by the	Signed
Signed	A marriage license having been refused to the above named parties,  Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, India R ROY SWALLEY a  Of HENDRICKS County  Of HENDRICKS County  Under a marriage license that was issued by the Clerk of the Circuit-31-90  NISTER (official designation)
Signed	Signed

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. Female A person who knowingly furnishes false information to a clerk of the Medical Examination or Report Dated circuit court when the person applies for a marriage license under IC Name of Physician 31-7-3 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT First Middle Middle Last Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) \_ Residence Address Street or R.R. City County Residence Address Street or R.R. County Previous Marital Status: Never Married Previous Marital Status: Never Married OR Last Marriage Ended By: Death □ Divorce □ Annulment □ Last Marriage Ended By: Death □ Divorce □ Annulment □ Date of birth verified by: 

Birth Certificate Other (Specify) Date of birth verified by: 

Birth Certificate 
Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No D Yes Are you now or have you ever been adjudged to be of unsound mind? No X Yes If answer is "yes," has the adjudication been removed? No 🗆 Yes 🗆 If answer is "yes," has the adjudication been removed? No 🗆 Yes Are you related to the female applicant closer than second cousin? Yes 🗆 Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No th Yes □ Are you now under the influence of an alcoholic beverage? No V Yes 🗆 Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? No B Yes No D List the full names of any dependent children. List the full names of any dependent children. 1/10 hale, Warr-(a) Full name of father (a) Full name of father of dependent children of dependent children Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of mother (b) Full maiden name of mother of dependent children of dependent children Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) (a) Full name of applicant's (a) Full name of applicant's father Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's (b) Full maiden name of applicant's mother Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sizes for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious belief acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana HENDRICKS I swear/affirm that the information given State of Indiana I swear/affirm that the information given HENDRICKS County of this application is true and correct. in this application is true and correct. Signed Subscribed and sworn to before me this 31 day of Subscribed and sworp to before me this \_\_3\ Clerk of the HENDRICKS 1990 Comedourson I HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS State of Indiana HENDRICKS County of \_ County of \_\_ Father Signed Subscribed and sworn to before me this \_\_\_ Mother \_ day of \_\_ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ \_ Court, by written order issued\_ and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ County, Indiana, 7-31-90 ROY A. JOHNSON III authorizing the marriage of \_

County, Indiana, dated \_ 7-31-90 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 \_\_\_\_

\_ (state), and \_\_\_\_\_MARLA G. DAVIS

\_\_\_\_\_ (name), certify that on \_

7-31-90

\_\_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit

\_ (date), at \_

Clerk HENDRICKS Circuit Court

HENDRICKS

HENDRICKS

MARLA G. DAVIS

CONNIE TATE

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

HENDRICKS County, Indiana, ROY A. JOHNSON III

AFML/PD 1

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

7-31-90 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 Michaelas M.

The complete of the complete o	MALE APPLICANT	FEMALE APPLICANT
The depth of the process of the proc		Name Delouis Kina Lluncan
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DELORES RENA DUNCAN  I further certify that the following marriage certificate was filed in my office:  I, ANTHONY V. DISOMMA (name), certify that on 8-4-90 (date), at INDPLS in MARION County, Indiana, DAVID W. HOUCK of LAKE County  IN (state), and DELORES R. DUNCAN of HENDRICKS County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of HENDRICKS County, Indiana, dated 8-20-90  Signed by: /s/ ANTHONY V. DISOMMA JUDGE PRO TEMPOR official designation)  Filed and recorded in accordance with the laws of the State of Indiana on Signed Clerk  Signed Courty Courty County Count	I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of County, Indiana,
DELORES RENA DUNCAN  I further certify that the following marriage certificate was filed in my office:  I, ANTHONY V. DISOMMA (name), certify that on 8-4-90 (date), at INDPLS in MARION County, Indiana, DAVID W. HOUCK of LAKE County  IN (state), and DELORES R. DUNCAN of HENDRICKS County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of HENDRICKS County, Indiana, dated 8-20-90  Signed by: /s/ ANTHONY V. DISOMMA JUDGE PRO TEMPOR official designation)  Filed and recorded in accordance with the laws of the State of Indiana on Signed Clerk  Signed Courty Courty County Count	dated 7-31-90 authorizing the marriage of DA	VID WESLEY HOUCK and
I further certify that the following marriage certificate was filed in my office:  I, ANTHONY V. DISOMMA (name), certify that on 8-4-90 (date), at INDPLS in MARION County, Indiana, DAVID W. HOUCK of LAKE County  IN (state), and DELORES R. DUNCAN of HENDRICKS County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of HENDRICKS County, Indiana, dated 8-20-90  Signed by: /s/ ANTHONY V. DISOMMA JUDGE PRO TEMPOR official designation)  Filed and recorded in accordance with the laws of the State of Indiana on Clerk Signed County Report Signed County		(1980年) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
I, ANTHONY V. DISOMMA (name), certify that on 8-4-90 (date), at INDPLS in MARION County, Indiana, DAVID W. HOUCK of LAKE County  IN (state), and DELORES R. DUNCAN of HENDRICKS County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of HENDRICKS County, Indiana, dated 8-20-90  Signed by: /s/ ANTHONY V. DISOMMA JUDGE PRO TEMPOR official designation)  Filed and recorded in accordance with the laws of the State of Indiana on Signed Clerk  Signed County (date).		
MARION County, Indiana, DAVID W. HOUCK of LAKE County  IN (state), and DELORES R. DUNCAN of HENDRICKS County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Rendricks County, Indiana, dated 8-20-90  Signed by: /s/ ANTHONY V. DISOMMA JUDGE PRO TEMPOR official designation)  Filed and recorded in accordance with the laws of the State of Indiana on Signed Clerk  Signed Clerk  Signed County  County  ANTHONY V. DISOMMA Garage  Clerk  Clerk  Clerk  Clerk  Clerk  Clerk  Clerk  Clerk  Clerk  County  Anthony V. DISOMMA Garage  Clerk  Cl		
IN (state), andDELORES R. DUNCAN		
IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of County, Indiana, dated 8-20-90 Signed by:/s/ ANTHONY V. DISOMMA JUDGE PRO TEMPOR official designation)  Filed and recorded in accordance with the laws of the State of Indiana on \$\infty\$ 20.90 (date).  Signed Signed Clerk	MARION County, Indiana, DAVID W. HOUCK	of LAKE County,
Court of	IN(state), andDELORES R. DUNCAN	of HENDRICKS County,
Court of County, Indiana, dated 8-20-90  Signed by:/s/ ANTHONY V. DISOMMA JUDGE PRO TEMPOR official designation)  Filed and recorded in accordance with the laws of the State of Indiana on	IN (state) were married by me as authorized	d under a marriage license that was issued by the Clerk of the Circuit
Signed by:/s/ ANTHONY V. DISOMMA JUDGE PRO TEMPOR official designation)  Filed and recorded in accordance with the laws of the State of Indiana on \$\frac{5}{20.90}  (date).  Signed Signed Cleratic forms of the State of Indiana on	HENDRICKS	
Filed and recorded in accordance with the laws of the State of Indiana on	court of county, material, detect	
Signed Cler	Signed by:, SI ANTHONI V. DISOMMA, JUDGE	
	Filed and recorded in accordance with the laws of the State of Indiana o	n 1.20.90 (date).
		Signed Innie Jawen Clerk

### 340

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File B-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

Name of Physician 1. Dramael

MALE APPLICANT	FEMALE APPLICANT
Name Timethy Middle Last	Name Deborah Middle History
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married A OR	Previous Marital Status: Never Married 🔁 OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate  Other (Specify)	Date of birth verified by:   Birth Certificate  Other (Specify)
	Are you now or have you ever been adjudged to be of unsound mind? No   ✓ Yes □
Are you now or have you ever been adjudged to be of unsound mind? No      No      Yes □  If answer is "yes" has the adjudication been removed?  No □ Yes □	Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes," has the adjudication been removed?  No Yes   Yes
If answer is "yes," has the adjudication been removed?  No  Yes    2. Are you related to the female applicant closer than second cousin?  Yes    Yes	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ♥□ Yes □	3. Are you now under the influence of an alcoholic beverage? No ₱ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)  (b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's
17. (a) Full name of applicant's Vabert Dayne Franklik	father Wichael Bean 17/10/an
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	(h) Full moides same of applicant's
mother Dharon Marie Shedah	mother 1 10000
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test-sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome	Signature of Applicant Aborah L. Hickary Date 8-1-90
Signature of Applicant A / Wax / Current Date	Signature of Applicant Addord p. McCarro Date 5 1 70
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs.  Clerk of Court Date	Clerk of Court Date
	State of Indiana ) I swear/affirm that the information given
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss:   I swear/affirm that the information given in this application is true and correct.
Signed Xtim Trankelin	signed X Deborah R. Hickan
New Address	New Address 5/86 BEUEISLE CT. PLPD. 4
Subscribed and sworn to before me this 2 day of 1970	Subscribed and sworn to before me this day of
Chris Rouse Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State facts which make the consent of the other parent direcessary	State lacts which make the consent of the other parent uninocessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County of)	County of)
SignedFather	SignedFather
Signed Mother Subscribed and sworn to before me this day of, 19	Signed Mother Subscribed and sworn to before me this day of, 19
Clerk	Subscribed and sworn to before me this day of 19 Clerk
COURT OF THE PROPERTY OF THE PROPERTY OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
15 km (18 km) (1. 201. T.) "	
dated 8-1-90, authorizing the marriage of	and.
DEBORAH L. HICKAM	
I further certify that the following marriage certificate was filed in my o	office:
I, RICHARD ZORE (name), certify that	
HENDRICKS County, Indiana, TIMOTHY D. FRAN	
	of HENDRICKS County,
	d under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated8	-25-90
Signed by: /s/ RICHARD ZORE , ROMAN CATH	
Filed and recorded in accordance with the laws of the State of Indiana of	"   June
	Signed bone danson Clerk
AFML/PD1	HENDRICKS Circuit Court

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

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 7-30-90

Name of Physician Eric Clark

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name / First Middle Last	Name First Middle Last
Date of Birth Month Day 19 Year 30 1967	Date of Birth Month Day Year
Place of Birth (State or to reign country)	Place of Birth (State or foreign country)
_ Mianipalis fr.	_ Shianapeles Indiana
Residence Address Street or R.R. Sity County State In. 46168	Residence Address Street or R.R. City County State 30 Lensury Rail Planwille Jr. 46132
Previous Marital Status: Never Married  OR	Previous Marital Status: Never Married 🖨 OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify) Birth Certificate	4
Date of birth verified by. If Birth Certificate II Other (opecity)	Date of birth verified by:   Birth Certificate   Other (Specify)   Outh Certificate
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗗 Yes 🗆
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No  Yes	2. Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of an alcoholic beverage?     No    Yes □     Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?     No □ Yes □     List the full names of any dependent children.	Are you now under the influence of a narcotic drug?      No Yes       List the full names of any dependent children.
//0	5. Est the full flames of any dependent criminals.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if-deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign-country)  (b) Full maiden name of mother	Birthplace of father (State or foreign-country)
of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's lather Russell Le Hour Rader In.	7. (a) Full name of applicant's father Kopert E. Branstetter
Residence of father (if deceased, so state) Tablian a	To a control of the c
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  TIMESSEE
(b) Full maiden name of applicant's	(b) Full maiden pame of applicant's
mother Char Lotte Kuth Murphy	mother Cilice 1. Cigles
Birthplace of mother (State or foreign country)  Residence of mother (State or foreign country)  Taliana	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	I acknowledge that I have received information regarding 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 X Dail 11. Rule Date 8/1/90	Signature of Applicant & Muchelle Brandtetto Pate 8-1-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS  ) ss:   I swear/affirm that the information given in this application is true and correct	State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
, and approximate the content	
Signed Land R Lole	signed Michelle Branstetter
New Address	New Address
Subscribed and sworn to before me this st day of	Subscribed and sworn to before me this lot day of Character 19 90
Clerk of the Circuit Court	Cornie Gausson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County of) ss.	County of
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	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, authorizes and directs the i	Court, by written order issued
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-1-90 , authorizing the marriage of D	
	and.
ALICE MICHELLE BRANSTETTER	
I further certify that the following marriage certificate was filed in my of	
I, ORVAL V. SUTTON (name), certify that	
MARION County, Indiana, DAVID RUSSELL	RADER of HENDRICKS County,
IN (state), andALICE MICHELLE B	
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 8.	
Signed by: /s/ ORVAL SUTTON , MINISTER	
Filed and recorded in accordance with the laws of the State of Indiana on	8-9-90 (date).
自己是是一种的。 第一种的一种,是一种的一种的一种,是一种的一种的一种,是一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一	Signed Tonnis Jawan Clerk
	Clerk

AFML/PD 1

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

).	434
e	
	8-1-90
1	Date of Application

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 & Middle Elmer & Last.	Name Pirst Consider Text
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	C/I
Same	Hesidence Address Street or R.R. City County State
Previous Marital Status: Never Married  OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce S Annulment □	Last Marriage Ended By: Death □ Divorce € Annulment □
Date of birth verified by:   Birth Certificate  Other (Specify)  Dr. Lic.	Date of birth verified by: Birth Certificate 19 Other (Specify) 316-32-8398
Are you now or have you ever been adjudged to be of unsound mind? No  Yes	Are you now or have you ever been adjudged to be of unsound mind? No 反 Yes □
If answer is "yes," has the adjudication been removed?  No □ Yes □	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No 🕱 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No ♥ Yes □
3. Are you now under the influence of an alcoholic beverage? No ★ Yes □	3. Are you now under the influence of an alcoholic beverage? No 文 Yes □
4. Are you now under the influence of a narcotic drug? No ₺ Yes □	4. Are you now under the influence of a narcotic drug? No 対. Yes □
5. List the full names of any dependent children. The Holly,	5. List the full names of any dependent children. Morrow, Barbara
	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Filmer Monge Klein	7. (a) Full name of applicant's Jones Joseph Langhan
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Mo	(b) Full maiden name of applicant's
mother (if deceased so state) Deseased.	mother Source Morre Simo
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Entriplace of filedite of follows to country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the vigus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant Detail 6. All Date 5-1-90	Signature of Applicant & Oula & Hendurate
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.  Clerk of Court Date 8-1-90
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  ss: I swear/affirm that the information given in this application is true and correct.
Signed Suchard E. Llein	Signed State Il Senstein
New Address	New Address
Subscribed and sworp to before me this day of	Subscribed and sworn to before me this day of Day 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County of)	County of) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorizes and directs the i	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	HENDRICKS
	Cierk of the Circuit Court of County, Indiana,
dated 8-1-90, authorizing the marriage of RICH	HARD E. KLEIN and
RITA F. JENKINS	
I further certify that the following marriage certificate was filed in my of	fice:
I, (name), certify that	on 8-1-90 (date), at DANVILLE in
HENDRICKS County, Indiana, RICHARD E. KLEIN	
IN (state), and RITA F. JENKINS	of HENDRICKS County,
(state) were married by me as authorized	under a marriage license that was issued by the Clerk of the Circuit
TIENDICIE	1–90
, and a second	PY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	6-1-90 (date).
	Signed bonne danson Clerk
AFML/PD1	HENDRICKS Circuit Court

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

8-1-90 Date of Application

343

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

The air of time   Stock   Stoc		FEMALE APPLICANT
The control of the property of of the	Iame First Middle Last	
The control of the property of of the	peiple anthony Carler	Date of Birth Month , Day 7 Year 6
The second branch branch and the second and the sec	2. [6]	11 7 58
and tearning flood by _ Debrid _ Discrete \ Annument □ _ Debrid _ Debri	Indianapalis, on.	- maraples on.
Last Bulliams Ended by Death Dovors Anothered Date of the work of the Control of	9395 E 400 N Brawnshing In	
The state of the receivable of the control of the c	revious Marital Status: Never Married  OR	Previous Marital Status: Never Married □ OR
The section wealthed by:	ast Marriage Ended By: Death □ Divorce ★ Annulment □	Last Marriage Ended By: Death □ Divorce ★ Annulment □
An you note these you were been alpidoped to be of unsound mind? Not if a cause if you're are of the county of your county in the county of your county of cou		Date of birth verified by: Birth Certificate Other (Specify)
Service of the first part of the service displaced closer from recovered sourced and the part of the service displaced closer from recovered sourced and the part of the part		
The pour reason of the female applicant closer has record country  Any pour season of the female applicant closer has record country  Any pour season of the female applicant closer has record country  Any pour season of the female applicant closer has record country  Any pour season of the female applicant closer has record country  Any pour season of the female applicant closer has recorded country  Any pour season of the female applicant closer has recorded country  Any pour season of the female applicant closer has recorded country  It has been a many a developed country  It has been a many a dev		
As you can write the effective of the register of the secretary of the country of	11 41 51 51 51 51 51 51 51 51 51 51 51 51 51	
As you could the influence of a secretic diag?  List the full imans of the proposed on this production of the product of the p	. And for rotated to the contact approximation	
Section and schools   Section   Se		4. Are you now under the influence of a narcotic drug? No. Yes
(a) Full name of father  (b) Full name of father  (c) Full name of policient  (c) Full name  (c) Full name of policient  (c) Full name  (c) Full n	List the full names of any dependent children. Onseph a. Caster T	5. List the full names of any dependent children.
Control   Cont	The state of the s	
Residence of their off deceased, to state)  Birthipses of their (Situs of reliepy country)  (b) Full midden case of mother of deceased, so state)  Birthipses of mider (Situs or feetings of country)  (a) Full midden case of mother of deceased, so state)  Birthipses of mider (Situs or feetings of country)  (b) Full midden case of mother of deceased, so state)  Birthipses of mider (Situs or feeting country)  (c) Full midden case of mother (Situs or feeting country)  (d) Full midden case of mother (Situs or feeting country)  (e) Full midden case of specificant full country)  Residence of their (Situs or feeting country)  Residence o	. (a) Full name of father	
(b) Full mader name of mother of deceased, so state)  Residence of mother (if deceased, so state)  Residence of mother (if deceased, so state)  Residence of state (if deceased, so state)  Residence of mother (if		Residence of father (if deceased, so state)
of dependent children Residence of mother (Ideasased, so state) Birthplace of mother (Ideasased, so state) Birt	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Residence of mother (Generate, so state)  10 Full name (Seption)  10 Full name (State or freeling country)  11 Full name (State or freeling country)  12 Full name (State or freeling country)  13 Full name (State or freeling country)  14 Full name (State or freeling country)  15 Full name (State or freeling country)  16 Full name (State or freeling country)  17 Full name (State or freeling country)  18 Full name (State or freeling coun		
Bernplace of mother (State or foreign country)  (a) Full name of policy of the country of the co		
(a) Full mane of applicants Residence of table (If deceased, so state)  Biorholace of mother (If deceased, so state)  ARNOWLEDGMENT  Biorholace of mother (If deceased, so state)  ARNOWLEDGMENT  ARNOWLEDGMENT  ARNOWLEDGMENT  ARNOWLEDGMENT  ARNOWLEDGMENT  ARNOWLEDGMENT  ARNOWLEDGMENT  ARNOWLEDGMENT  ARNOWLEDGMENT  Biorholace of mother (If deceased, so state)  Biorholace of mother (If deceased, s		
Presidence of father (If deceased, so state)  (b) Full makes more of applicant? I be a province of the provinc	(a) Full name of applicant's + Men + a Cu tes De	MODEL LIST SEE LE SELLE
Birthplace of stather (Blate or foreign country)  (b) Full markon many of applicant's mother (in decisions of state)  Residence of mother (if decisions of state)  Birthplace on other (idea or foreign country)  ACKNOWLEDGMENT  ACKNOWLEDGME	father there was a sure of the	00 1 1/2 2:
(b) Fell mattern pages of applicant? Residence of mother (It declared, so visito) Birthylace of mother (It declared, so visito) ACKNOWLEDGMENT  acknowledge that I have received information regarding dangerous communicable diseases that are accusive information and accusive development because of religious beliefs.  Birthylace of Acplicant —  The above applicant has dispeted to vertifying by ontheir affirmation or signature to the above accusive deplicant has dispeted to vertifying by ontheir affirmation or signature to accordance with the factor of the accusive of religious beliefs.  Clark of Court —  Bigned Act —  B		9./.
Residence of mother (if decessed, so state)  Birthplace of mother (if decessed, so state)  ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases that are securily transmitted, and also of the last after for the virus that causes ADS (sequence dimensed defences) professors.  Bignature of Applicant september of Applicant september of the set at the for the virus that causes ADS (sequence dimensed defences) professors.  Bignature of Applicant september of Application is the Application in th	tu laincruher	
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that are sexually transmitted, and a last of the least sites for the virus that causes AIDS (acquired minums deficiency syndrome). Signature of Applicant Judician Signature of Applicant Judi	ACKNOWLEDGMENT	
immune deficiency syndromes). Immune deficiency syndromes and correct in the above applicant has dejected to verifying by oath or affirmation or signature to the above applicant has dejected to verifying by oath or affirmation or signature to the above applicant has dejected to verifying by oath or affirmation or signature to the above applicant has dejected to verifying by oath or affirmation or signature to the above applicant has dejected to verifying by oath or affirmation or signature to the above applicant has dejected to verifying by oath or affirmation or alignature to the above applicant has dejected to verifying by oath or affirmation or alignature to the above applicant has dejected to verifying by oath or affirmation or alignature to the above applicant has dejected to verifying by oath or affirmation or alignature to the above applicant has dejected to verifying by oath or affirmation or alignature to the above applicant has dejected to verifying by oath or affirmation or alignature to the above applicant has dejected to verifying by oath or affirmation or alignature to the above applicant has dejected to verifying by oath or affirmation or alignature to the above applicant has dejected to verifying by oath or affirmation or alignature to above applicant has dejected to verifying by oath or affirmation or alignature to above applicant has dejected to verifying by oath or affirmation or alignature to above applicant has dejected to verifying by oath or affirmation or alignature to above and the above applicant has dejected to verifying by oath or affirmation or alignature to above and the applicant has dejected and aworn to before me this and the applicant has dejected to verifying by oath or affirmation or alignature to applicant has dejected and aworn to before me this and the applicant has dejected and aworn to before the the Information of the Amoretic Science and the applicant has dejected to verifying by oath or affirmation	acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease:
The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to acknowledgment because of religious beliefs.  Date  The above applicant has objected to verifying by oath or affirmation or signature to acknowledgment because of religious beliefs.  Date  The above applicant has objected to verifying by oath or affirmation or signature to acknowledgment because of religious beliefs.  Date  The above applicant has objected to verifying by oath or affirmation or signature to acknowledgment because of religious beliefs.  Date  The above applicant has objected to verifying by oath or affirmation or signature to acknowledgment because of religious beliefs.  Date  The above applicant has objected to verifying by oath or affirmation or signature to acknowledgment because of religious beliefs.  Date  The above applicant has objected to verifying by oath or affirmation or signature to acknowledgment because of religious beliefs.  Date of Indiana HENDRICKS  Signed  Subscribed and sworn to before me this applicant, hereby give consent of the HENDRICKS or Clerk of the HENDRICKS or Date of Indiana HENDRICKS or Date or Date of Indiana HENDRICKS or Date	mmune deficiency syndrome). Jemparuly aut aris	immune deficiency syndrome). Jempssely aut & crife
Clerk of Court  Date  Signed   New Address  Subscribed and sworn to before me this   Clerk of the Clerk of the HENDRICKS  Clerk of the Clerk of the HENDRICKS  County of   Subscribed and sworn to before me this   Consent of PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed  Support   Consent of PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed  Support   Signed  Support   Signed  Support   Signed  Support   Signed  Support	Signature of Applicant July 1 Could Date Date	11 Total
Clerk of Court    Clerk of Court   Clerk of Court   Clerk of Court   Clerk of Court   Clerk of Court   Clerk of Court   Clerk of Court   Clerk of Court   State of Indiana HENDRICKS   Sex   Inweat/affirm that the information given in this application is true and correct.	The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or attimation or signature to the above
State of Indiana HENDRICKS County of Signed Joseph County in this application is true and correct.  New Address Subscribed and swom to before me this   Ork of the HENDRICKS   Subscribed and swom to before me this   Ork of the HENDRICKS   Oricuit Court of Signed   Subscribed and swom to before me this   Ork of the HENDRICKS   Oricuit Court of HENDRICKS   Oricuit		
State of Indiana HENDRICKS  Signed  Signed  Subscribed and sworn to before me this   April   19   19   19   19   19   19   19   1		DESCRIPTION OF THE PARTY BEING BUT THE PARTY OF THE PARTY
Signed Subscribed and aworn to before me this of day of the HENDRICKS Circuit Court of Marking Signed Subscribed and sworn to before me this of day of the HENDRICKS Circuit Court of Marking Signed Subscribed and sworn to before me this of day of Marking Signed Subscribed and sworn to before me this of day of Marking Signed Subscribed and sworn to before me this of day of Marking Signed Subscribed and sworn to before me this of day of Marking Signed Subscribed and sworn to before me this of day of Marking Signed Subscribed and sworn to before me this of day of Mother Signed Subscribed and sworn to before me this of day of Mother Signed Subscribed and sworn to before me this of day of Mother Signed Subscribed and sworn to before me this of day of Mother Signed Subscribed and sworn to before me this of day of Mother Signed Subscribed and sworn to before me this of day of Mother Signed Subscribed and sworn to before me this of day of Mother Signed Subscribed and sworn to before me this of day of Mother Signed Subscribed and sworn to before me this of day of Mother Signed Subscribed and sworn to before me this of day of Mother Signed Subscribed and sworn to before me this of day of Mother Signed Subscribed and sworn to before me this of day of Mother Signed Subscribed and sworn to before me this of day of Mother Signed Subscribed and sworn to before me this of day of Mother Signed Subscribed and sworn to before me this of day of Mother Signed Subscribed and sworn to before me this of day of Mother Signed Subscribed and sworn to before me this of day of Mother Signed Subscribed and sworn to before me this of day of Mother Signed Subscribed and sworn to before me this of Day of Mother Signed Subscribed and sworn to before me this Mother Subscribed and sworn to before me this day of Mother Signed Subscribed and sworn to before me this Mother Subscribed and sworn to before me this day of Mother Subscribed and sworn to before me this day of Mother Subscribed and sworn to before me this day of Mother Subscribed and sworn	State of modern HENDRICKS / SS:	County of HENDRICKS ss: in this application is true and correct.
State of Indiana HENDRICKS County of Signed Signed Mother Signed Subscribed and sworm to before me this day of Lier of the HENDRICKS County of Signed Mother Mother Signed Mother Mother Signed Mother Signed Mother Mother Mother Signed Mother	Signed Loseph A. Conti	Signed August 1
State of Indiana HENDRICKS County of Signed Signed Mother Signed Subscribed and sworm to before me this day of Lier of the HENDRICKS County of Signed Mother Mother Signed Mother Mother Signed Mother Signed Mother Mother Mother Signed Mother	New Address	
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed  Signed  Signed  Subscribed and sworn to before me this  County of  County of  County of  Subscribed and sworn to before me this  County of  Signed	Subscribed and sworn to before me this 100 day of 200 1990	Subscribed and sworn to before me this day of day of HEXPRICES
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts which make the consent of the other parent unnecessary   state facts	Chrie Laws Clerk of the HENDRICKS Circuit Court	Clerk of the Circuit Cou
State of Indiana HENDRICKS   ss:    Signed	CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
State of Indiana HENDRICKS } ss:    Signed		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
Subscribed and sworn to before me this		
Signed Signed Signed Signed Signed Soubscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named particular county authorizes and directs the issuance of a marriage license to the above named particular there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS  I further certify that the following marriage certificate was filed in my office:  I, THOMAS C. KUHN (name), certify that on 8-18-90 (date), at NOBLESVILLE  HAMILTON County, Indiana, JOSEPH ANTHONY CARTER of HENDRICKS  IN (state), and JUDITH MAUREEN JONES of HENDRICKS  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Court of HENDRICKS  County, Indiana, dated 8-18-90  Signed by: /s/ THOMAS C. KUHN (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-22-90 (date).	State of Indiana HENDRICKS ) ss:	
Signed Subscribed and sworn to before me this day of 19 Subscribed and sworn to before the above named parties.  Court, by written order issued and sworn to before the above named part		3 'C. U. (1984)   M. C. (1984)   T.
Subscribed and sworn to before me this		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named particular county	54 Habit (전, 4, 2 기술) (전 경우, 12 기업으로 HEREITE HABIT	
County		Subscribed and sworn to before me this day of 19 Cle
County	COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County,  dated 8-1-90, authorizing the marriage of JOSEHP ANTHONY CARTER  JUDITH MAUREEN JONES  I further certify that the following marriage certificate was filed in my office:  I, THOMAS C. KUHN (name), certify that on 8-18-90 (date), at NOBLESVILLE  HAMILTON County, Indiana, JOSEPH ANTHONY CARTER of HENDRICKS  IN (state), and JUDITH MAUREEN JONES of HENDRICKS  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Court of HENDRICKS County, Indiana, dated 8-18-90  Signed by: /s/ THOMAS C. KUHN MINISTER (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-22-90 (date).	County	Court, by written order issued
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
JUDITH MAUREEN JONES  If further certify that the following marriage certificate was filed in my office:  I,	I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indian
JUDITH MAUREEN JONES  If further certify that the following marriage certificate was filed in my office:  I,	detect 8-1-90) authorizing the marriage of	JOSEHP ANTHONY CARTER an
I further certify that the following marriage certificate was filed in my office:  I, THOMAS C. KUHN	dated, authorizing the marriage or	
THOMAS C. KUHN  (name), certify that on 8-18-90  (date), at NOBLESVILLE  HAMILTON County, Indiana, JOSEPH ANTHONY CARTER  IN (state), and JUDITH MAUREEN JONES  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Court of HENDRICKS  County, Indiana, dated 8-18-90  Signed by: /s/ THOMAS C. KUHN  MINISTER (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-22-90 (date).		
HAMILTON County, Indiana, JOSEPH ANTHONY CARTER of HENDRICKS  IN (state), and JUDITH MAUREEN JONES of HENDRICKS  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Court of HENDRICKS  County, Indiana, dated 8-18-90  Signed by: /s/ THOMAS C. KUHN MINISTER (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-22-90 (date).		
IN (state), and JUDITH MAUREEN JONES of HENDRICKS  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Court of HENDRICKS  County, Indiana, dated 8-18-90  Signed by: /s/ THOMAS C. KUHN MINISTER (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-22-90 (date).		
IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Court of		
Court of		
Signed by:		
Signed by:	Court of HENDRICKS County, Indiana, dated	8-18-90
Filed and recorded in accordance with the laws of the State of Indiana on 8-22-90 (date).		
Filed and recorded in accordance with the laws of the State of Indiana on (date).		8-22-90
Signed Signed	riled and recorded in accordance with the laws of the State of Indiana o	
		Signed

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS Cou

No. 436

8-1-90 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

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
lame First Middle Last	Name Parieta Middle Foggatt
hate of Birth Month Day Year	Date of Birth Month Day Year
7 3	Place of Birth (State or foreign country)
lace of Birth (State or foreign country)	
esidence Address Street or R.B. City County State	Residence Address Street or R.R. City County State
revious Marital Status: Never Married A OR	Previous Marital Status: Never Married 12, OR
ast Marriage Ended By: Death Divorce Annulment	Last Marriage Eriodo Sy. Board E.
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No X Yes □	Are you now or have you ever been adjudged to be of unsound mind? No       Yes □
. Are you now or have you ever book adjudged to be	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
If answer is yes, has the adjudication been removed.	2. Are you related to the male applicant closer than second cousin? No ☑ Yes □
Are you related to the lemale applicant closes than sees the	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
. Are you now under the influence of an alcoholic beverage?	4. Are you now under the influence of a narcotic drug?
Are you now under the influence of a narcotic drug? No 🛱 Yes 🗆	List the full names of any dependent children.
List the full names of any dependent children.	o. Estate tall tall tall tall tall tall tall
THE RESIDENCE OF THE PARTY OF T	6. (a) Full name of father
. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7. (a) Full name of applicant's Thanks Edward board
tather laborat goe gover	latter Political Control of the Cont
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Thor Kansas	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's (	(b) Full maiden name of applicant's Sandras Seam Klingha
mother house of rectant	mother
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	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 S-1-90
Signature of Applicant Date Date	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.  Clark of Court  Date
Clerk of Court Date	Clerk of Court
State of Indiana ) I swear/affirm that the information given	State of Indiana  HENDRICKS ) ss:   swear/affirm that the information given in this application is true and correct.
State of Indiana HENDRICKS   Ss: Is swear/affirm that the information given ss: In this application is true and correct.	County of ss: in this application is true and correct.
	Signed & Damela J. Fayatt
Signed X OX Y	New Address
New Address  Subscribed and sworn to before me this day of	devel development by development of the 1990
Subscribed and sworn to before me this day of HENDRICKS Circuit Court	Subscribed and sworn to before the this day of HENDRICKS  Circuit Court
Clerk of the Chount Count	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other purch difficulties.
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
2000년 1월 1일	Signed Father
SignedFather	Signed Mother
Signed Mother	
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in authorizes and directs the	e issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
	HENDRICKS
I certify that there was filed in my office a marriage license issued by th	Color of the color of
dated 8-1-90 , authorizing the marriage of	JOHN R. JONES and
PAMELA J. FOGGATT	
I further certify that the following marriage certificate was filed in my	office:
I. STEPHEN WHITE (name), certify that	
HENDRICKS County, Indiana, JOHN R. JONES IN PAMELA J. FOGGAT	HENDRICKS
(state), and	of
(state) were married by me as authorize	ed under a marriage license that was issued by the Clerk of the Circuit
HENDRICKS CO. T. I. C.	
/a/ CEPDUEN WHITE MINIST	
Signed by: /s/ STEPHEN WHITE MINIST	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana	on(date).
	HENDRICKS Circuit Cou.

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

File 8-1-90
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

Name of Physician

And B. Raggman, M.D.

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name AFirst Middle CLast	Name Pirst Middle Last
Date of Birth Month Day // Year 6 9	Date of Birth Month 9 Day 28 Year 7
Place of Birth (State of foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married & OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	THE RESIDENCE OF THE PARTY OF T
/ 2	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate   Other (Specify)   Other (Specify)	Date of birth verified by:   Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No V Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes [
If answer is "yes," has the adjudication been removed?  No Yes   Are you related to the female applicant closer than second cousin?  No Yes   Yes	If answer is "yes," has the adjudication been removed?  No Yes C  Are you related to the male applicant closer than second cousin?  No Yes C
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No Ver Yes C
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of mother	Birthplace of father (State or foreign country)  (b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's 00	7. (a) Full name of applicant's
father Sheldon Clyde Crapes	Residence of father (if deceased, so state) Clauton, In.
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's 4	(b) Full maiden name of applicant's
Residence of mother (if deceased, so state) Multipacille In.	mother Xandra for Mitchell
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	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 (acquired immune deficiency syndrome).	that are sexually transmitted, and exist of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Shelder L. Coop Date 8-1-90	Signature of Applicant Johns & Business Date 8-1-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by outh or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana HENDRICKS ) ss: I swear/affirm that the information giver in this application is true and correct.
signed Shelden & lancer	Signed Gonne Jo Myers
New Address Skur	Min E
Signed Shelp & Cooper  New Address Subscribed and sworn to before me this Let day of Quy 1990  HEXTOPICES	Subscribed and sworn to before me this day of 19
Connie Lacrem Clerk of the HENDRICKS Circuit Court	Chrice dawson Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	County of)
Signed Mother	Signed Fathe
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of19
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
	아들은 이 경기에 가는 살이 있다. 중 하시기 위한 이 경기에 되었다는 것은 이렇게 되었다. 그는 이렇게 되었다.
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court ofCounty, Indiana
dated 8-1-90 , authorizing the marriage of Si	HELDON RAY COOPER and
RONNE JO MYERS	
I further certify that the following marriage certificate was filed in my o	
I,DELBERT_COTTRELL (name), certify that	on 8-4-90 (date), at HAZELWOOD in
HENDRICKS County, Indiana, SHELDON RAY COOK	
IN (state), and RONNE JO MYERS	of HENDRICKS County
HENDRICKS	under a marriage license that was issued by the Clerk of the Circum
Court of County, Indiana, dated	8-1-90
Signed by: _/s/ DELBERT COTTRELL , MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-6-90 (date).
	Signed lannis James Clerk
	Clerk

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

File 8-1-90
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 of Report Dated

Name of Physician | Rechard & Bouthe

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Thomas Pathews, I	Name Kathina Middle Mu Last 1920 R.
Date of Birth Month Day Year / 1/6 7	Date of Birth Month Day, Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address, Street pr R.B., City County (State	Residence Address Street or R.R. ACity County State
1638 Shilak Rd., Inople, In 46234	1638 Sheloh Rd., Indpls. In. 46234
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce ➡ Annulment □
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)	Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)
	Are you now or have you ever been adjudged to be of unsound mind? No  Yes
Are you now or have you ever been adjudged to be of unsound mind? No      Yes □      If answer is "yes," has the adjudication been removed?      No □ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No P Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes □
4. Are you now under the influence of a narcotic drug? No 🗆 Yes 🗆	4. Are you now under the influence of a narcotic drug? No ☐ Yes □
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a Full name of father)	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full marden game of mother	(b) Full marden name of mother
of dependent obildren	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
/ Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father See D. Moutheurs, TII	7. (a) Full name of applicant's Jahn Pozek
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Mussoure	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's athlew S. Whitsett	(b) Full maiden name of applicant's Creene Grow
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding 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	immune deficiency syndrome).
	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana  HENDRICKS  I swear/affirm that the information given in this application is true and correct.	State of Indiana   I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
Signed Cloe T. Markeus IV	signed Activia 2 Possic
New Address /1638 SNilord Het Incly Jul.	New Address 1638 Shileh Rol.
Subscribed and swom to before me this 1st. day of Cougust 1990	Subscribed and sworn to before me this L day of Clegust 19 80
Clerk of the MENDRICKS Circuit Court	Conne Course Clerk of the BENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent uninecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County of)	County of) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the i	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	AND MADDIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of County, Indiana,
dated 8-1-90 , authorizing the marriage of JOE	THOMAS MATTHEWS IV and
KATRINA LYNN POZEK	
I further certify that the following marriage certificate was filed in my of	fice:
I,H. THOMAS PITCHER (name), certify that	
	HEWS IV of HENDRICKS County,
IN(state), andKATRINA LYNN POZEK	HENDRICUS
	county,
Court of HENDRICKS	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 8-1	
Signed by: /s/ H. THOMAS PITCHER MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-27-90 (date).
	Signed Lonnie Lawren Clerk
	HENTINGUES CIEFR
AFML/PD 1	HENDRICKS Circuit Court

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

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ile	
	8-2-90 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

Philip Batiste, m. J.

MALE APPLICANT	FEMALE APPLICANT
Name Warred Philip Last Cole	Name First Middle Last Grapes
Date of Birth Month Day Year 1966	Date of Birth Month Day Year
Place of Birth (State or foreign country) Indiana	Place of Birth (State or foreign country)
Residence Address / Street or R.R. City Sounty State	Residence Address Street or R.R. City County State
Previous Marital Status Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	But the second of the second o
Date of birth verified by:   Birth Certificate Other (Specify)	Last Marriage Ended By: Death Divorce Annulment
	Date of birth verified by:   Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes □
If answer is "yes," has the adjudication been removed?  No □ Yes □  2. Are you related to the female applicant closer than second cousin?  No ☑ Yes □	If answer is "yes," has the adjudication been removed?  No □ Yes □  Are you related to the male applicant closer than second cousin?  No □ Yes □
3. Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No 🖹 Yes 🗆	4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
ol dependent children	6. (a) Full name of father of dependent children
Residence of tather (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)(b) Full mailten name of mother	Birthplace of father (State or foreign country)(b) Full made name of mother
of dependent children	(b) Full marder name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's OL / 1 / 1 / 0	Birthplace of mother (State or foreign country)
father Thelip Monglas Cale	7. (a) Full name of applicant's Lechard Junton Cooper
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
mother Steverly your flowns	(b) Full maiden name of applicant's Gylith Jean Bretton
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
	immune deficiency syndrome).  Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS  State of Indiana  I swear/affirm that the information given in this application is true and correct.	State of Indiana ) I swear/affirm that the information given
County of in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed David Philip Colo	Signed Signed Lynne Cooper
New Address 233 Mendows James #4 Carmel, In .46032 Subscribed and sworn to before me this 2nd day of aug. 1990	
Course Clerk of the HENDRICKS Circuit Court	Subsofibed and sworn to before me this 2nd, day of Ling, 19 90 9603
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs.	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	
County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	SignedFather
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Court by written order issued
and filed in, authorizes and directs the is	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the (	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-2-90 , authorizing the marriage of	DAVID PHILIP COLE
	and.
I further certify that the following marriage certificate was filed in my of	
	on 8-11-90 (date), at BROWNSBURG in
IN (state), and IESSICA LYNNE COOR	COLE of HENDRICKS County,
IN (state) were married by me as authorized	of HENDRICKS County, under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 8-	
Signed by:/s/ STEVEN T. REEVES PASTOR	
	(official designation) 8-15-90
Filed and recorded in accordance with the laws of the State of Indiana on .	()
	Signed
AFML/PD 1	HENDRICKS Circuit Court

AFML/PD 1

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

Date of Application

HENDRICKS

\_Circuit Court

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 War Low Sue Walker  Date 8-2-9  The above applicant has objected to verifying by oath or affirmation or signature to the above
Date of Birth    Date of Birth   Month   Day   Year   GBD
Place of Birth (State or foreign gountry)  Residence Address  Street or R.R.  City Gounty State Previous  Previous Marital Status: Never Married  OR  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind? No Yes Date of Birth verified by: Birth Certificate Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind? No Yes Date of Jersey. This sthe adjudication been removed?  2. Are you related to the male applicant closer than second cousin? No Date of Jersey. No Dat
Residence Address   Street or R.R.   Sity   Country   State   State   Previous Marital Status: Never Married   OR    Last Marriage Ended By:   Death   Divorce   Annulment   Date of birth verified by:   Birth Certificate   Other (Specify)   Musice   Lice   Lice
Previous Marital Status: Never Married  OR  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify) Musica Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify) Musica Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Other (Specify) Musica Last Date Date Date Date Date Date Date Dat
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Dother (Specify) Delivation List.  1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 3. Are you now under the influence of a narcotic drug? No Yes 3. List the full names of any dependent children. Delivation E. Wellet Bergerian E. Wellet Birthplace 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 (State or foreign country)  7. (a) Full name of applicant's father Residence of father (State or foreign country)  (b) Full maiden name of applicant's father Residence of mother (If deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's father Residence of mother (State or foreign country)  (c) Full maiden name of applicant's father Residence of mother (State or foreign country)  (b) Full maiden name of applicant's father Residence of mother (State or foreign country)  (c) Full maiden name of applicant's father Residence of mother (State or foreign country)  (d) Full maiden name of applicant's father Residence of mother (State or foreign country)  (e) Full maiden name of applicant's father Residence of mother (State or foreign country)  (f) Full maiden name of applicant's father Residence of mother (State or foreign country)  (h) Full maiden name of applicant's father Residence 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).  The above applicant has objected to verifying by oath or affirmation or signature to the above
Date of birth verified by:  Birth Certificate P Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind? No Yes   If answer is "yes," has the adjudication been removed? No Yes   2. Are you related to the male applicant closer than second cousin? No Yes   3. Are you now under the influence of an alcoholic beverage? No Yes   4. Are you now under the influence of a narcotic drug? No Yes   5. List the full names of any dependent children. Playfamia E. Walker   6. (a) Full name of father (if deceased, so state)    Birthplace of father (if deceased, so state)    Birthplace of mother (if deceased, so state)    Birthplace of mother (if deceased, so state)    Birthplace of father (State or foreign country)  7. (a) Full name of applicant's father   Residence of father (State or foreign country)  (b) Full maiden name of applicant's   Male 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    The above applicant has objected to verifying by oath or affirmation or signature to the above
Date of birth verified by: Birth Certificate Prother (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 3. Are you now under the influence of a narcotic drug? No Yes 3. List the full names of any dependent children. Playfamia E. Walker 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 (If deceased, so state)  Birthplace of father (State or foreign country)  7. (a) Full name of applicant's father Residence of father (State or foreign country)  (b) Full maiden name of applicant's mother 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 August Date S-2 9  The above applicant has objected to verifying by oath or affirmation or signature to the above
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes   If answer is "yes," has the adjudication been removed? No Yes   2. Are you related to the male applicant closer than second cousin? No Yes   3. Are you now under the influence of an alcoholic beverage? No Yes   4. Are you now under the influence of a narcotic drug? No Yes   5. List the full names of any dependent children. Belyfamur E. Wallet   4. Wallet   Wallet   Belyfamur E. Wallet   4. Wallet   Belyfamur E. Wallet   5. List the full name of the father (if deceased, so state)   Birthplace of father (if deceased, so state)   Birthplace of mother (if deceased, so state)   Birthplace of mother (State or foreign country)   7. (a) Full name of applicant's   Residence of father (if deceased, so state)   Birthplace of father (State or foreign country)    (b) Full maiden name of applicant's   Birthplace of mother (State or foreign country)    (b) Full maiden name of applicant's   Birthplace of mother (State or foreign country)    (c) Full maiden name of applicant's   Birthplace of mother (State or foreign country)    (d) Full maiden name of applicant's   Birthplace of mother (State or foreign country)    (d) Full maiden name of applicant's   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 has objected to verifying by oath or affirmation or signature to the above
If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an arcotic drug?  5. List the full names of any dependent children.  6. (a) Full names of the properties of the properties of dependent children.  7. Residence of father (if deceased, so state)  8. Birthplace of mother (if deceased, so state)  8. Birthplace of father (if deceased, so state)  9. Birthplace of father (if deceased, so state)  8. Birthplace of father (if deceased, so state)  9. Birthplace of father (if deceased, so state)  8. Birthplace of father (if deceased, so state)  9. Birthplace of father (if deceased, so state)  8. Birthplace of father (if deceased, so state)  9. Birthplace of father (if deceased, so state)  8. Birthplace of father (if deceased, so state)  9. Birthplace of father (if deceased, so state)  8. Birthplace of father (if deceased, so state)  9. Birthplace of father (if deceased, so state)  8. Birthplace of mother (if deceased, so state)  9. Birthplace of father (if deceased, so state)  9. Birthplace of father (if deceased, so state)  1. CKNOWLEDGMENT  1. acknowledge that 1 have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  9. Signature of Applicant Ausobjected to verifying by oath or affirmation or signature to the above
2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  5. List the full names of any dependent children.  6. (a) Full name of ather of dependent children  Residence of father (if deceased, so state)  Birthplace of father (if deceased, so state)  Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's father  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's father  Residence 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 August 1 and 1
3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.    Comparison of dependent children
5. List the full names of any dependent children.    September   S
6. (a) Full name of bather 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)  7. (a) Full name of applicant's father  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's father  Residence of mother (if deceased, so state)  Birthplace of mother (if deceased, so state)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding 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 Applic
6. (a) Full name of Jather of dependent children
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)  7. (a) Full name of applicant's father  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  Residence of mother (if deceased, so state)  Birthplace of mother (if deceased, so state)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding 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 Augustua Sur Walker  Date 8-2-7  The above applicant has objected to verifying by oath or affirmation or signature to the above
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)  7. (a) Full name of applicant's father  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's father  Residence of mother (if deceased, so state)  Birthplace 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 for the specific point of the specific p
(b) Full maiden name of mother of dependent children  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's father  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  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 Markov Sue Walker  Date 8-2-7  The above applicant has objected to verifying by oath or affirmation or signature to the above
of dependent children  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's father  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  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 Markov Sur Walker  Date  8-2-9  The above applicant has objected to verifying by oath or affirmation or signature to the above
Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's father  Residence of father (if-deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  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 Markov Sur Walker  Date 8-2-7  The above applicant has objected to verifying by oath or affirmation or signature to the above
7. (a) Full name of applicant's father foreign country father father father father foreign country father f
father Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's Palicia and Hospital State or foreign country)  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 Markov Sur Walker  Date 8-2-9  The above applicant has objected to verifying by oath or affirmation or signature to the above
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's Palucia Country Harm  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 Parallel Sur Walker  Date 8-2-9  The above applicant has objected to verifying by oath or affirmation or signature to the above
(b) Full maiden name of applicant's Pulsacia Conn France Monther Residence of mother (if deceased, so state) Supplies Signature of Applicant Mark Supplies Parameters (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 Mark Supplies Date 8-2-9  The above applicant has objected to verifying by oath or affirmation or signature to the above
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 Markov Sur Walker  Date 8-2-9  The above applicant has objected to verifying by oath or affirmation or signature to the above
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 Markowski Date  Date  8-2-7  The above applicant has objected to verifying by oath or affirmation or signature to the above
ACKNOWLEDGMENT  I acknowledge that I have received information regarding 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 Warton Sue Walker  Date 8-2-9  The above applicant has objected to verifying by oath or affirmation or signature to the above
I acknowledge that I have received information regarding 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 8-2-9  The above applicant has objected to verifying by oath or affirmation or signature to the above
I acknowledge that I have received information regarding 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 Such Such Such Such Such Such Such Such
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant War Local Walker Date 8-2-9  The above applicant has objected to verifying by oath or affirmation or signature to the above
Signature of Applicant Markov Date 8-2-7  The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
signed Martha Sue Walker
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 HENDRICKS ) ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
marriage license having been refused to the above named parties, the
Court, by written order issued uance of a marriage license to the above named parties.
AND MARRIAGE CERTIFICATE
erk of the Circuit Court of HENDRICKS County, Indiana,
MES MICHAEL DIXON and
ce:
8-18-90 (date), at PAOLI in
of HENDRICKS County,
of HENDRICKS County,
nder a marriage license that was issued by the Clerk of the Circui
20-90
(official designation)
(official designation)
3

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

le		
	8-3-90 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 Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name Politick Middle vard Jast elville	Name   First Middle Last off
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address) Street or R.R. City County State	Residence Address Street (or R.R. City & County) State
120 Woodward Clye. Tev Lower CT.	4820 Gocust St. Manuell In
Previous Marital Status: Never Married 🗹 OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by:   Birth Certificate Dother (Specify) Air Force ID.	Date of birth verified by: Birth Certificate Di Other (Specify)
Coast Duard	
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes □     If answer is "yes," has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind? No      Yes □     If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No 2 Yes	2. Are you related to the male applicant closer than second cousin? No ☑ Yes □
3. Are you now under the influence of an alcoholic beverage? No₁□ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☑ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's	7. (a) Full name of applicant's
father f	father Sexueth The William
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Wary albhate	(b) Full maiden name of applicant's mother along the Collect
Residence of mother (if deceased, so state) - New Crock	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Paturck 5 Michelle Date 3 AUG-9 1	Signature of Applicant Date 8/3/98
Signature of Applicary	Signature of Applicant Date 0/3/10
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
State of Indiana County of HENDRICKS  ss: I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
Signed X Jakirk & Mehille	Signed Leesa Scott
New Address 126 WOODWAY AUE NEW HAVEN ET	New Address
Subscribed and sworn to before me this 3 day of lung 1990	Subscribed and sworn to before me this 3 day of luc 19 90
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana
County of HENDRICKS	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	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 authorizes and directs the	Court, by written order issued issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-3-90 , authorizing the marriage of F	ATRICK EDWARD MELVILLE and
TERESSA GAIL SCOTT	
I further certify that the following marriage certificate was filed in my of	
	on 8-4-90 (date), at 10:30 p.m. in
HENDRICKS County, Indiana, PATRICK EDWARD ME	
NEW YORK (state), andTERESSA GAIL SCOTT	of HENDRICKS County,
[2] [10] [2] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated	-4-90
Signed by:/s/ PHILIP J. GABRIEL(?) , PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	(date).
	Signed Tonne Jourson Clerk
AFML/PD1	HENDRICKS Circuit Court

AFML/PD I

IC 31-7-9-1. Furnishing false information upon applying for license.

A person who knowingly furnishes false information to a clerk of the

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

**Female** 

County

Medical Examination or Report Dated,

File 8-3-90

**Date of Application** 

Clerk

\_Circuit Court

HENDRICKS

circuit court when the person applies for a marriage license under IC Name of Physician 31-7-3 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Date of Birth Place of Birth (State or foreign country) Previous Marital Status: Never Married Previous Marital Status: Never Married Death Divorce Annulment Last Marriage Ended By: Divorce Date of birth verified by: 

Birth Certificate 

Other (Specify) 

Oxures Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Yes 🗆 Are you now or have you ever been adjudged to be of unsound mind? No D If answer is "yes," has the adjudication been removed? No 🗆 Yes 🗆 If answer is "yes," has the adjudication been removed? Yes 🗆 Are you related to the female applicant closer than second cousin? Yes □ Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Yes 🗆 Are you now under the influence of a narcotic drug? Yes 🗆 Are you now under the influence of a narcotic drug? sey Phu (a) Full name of father (a) Full name of father of dependent children of dependent children Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of mother (b) Full maiden name of mother of dependent children of dependent children Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) (a) Full name of apr Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) \_ ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Debecca Sue Laulandone Signature of Applicant Kondall The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court I swear/affirm that the information given I swear/affirm that the information given State of Indiana HENDRICKS New Address Subscribed and sworn to before me this \_ day of . . 19\_ Subscribed and sworn to before me this \_ day of \_ HENDRICKS C Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS State of Indiana HENDRICKS County of \_ County of \_ Signed \_ Mother Signed Mother Subscribed and sworn to before me this Subscribed and sworn to before me this \_ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ Court, by written order issued\_ and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_\_\_ County, Indiana, 8-3-90 authorizing the marriage of RANDALL P. RHUDE REBECCA S. GARLAND I further certify that the following marriage certificate was filed in my office: I, EDWIN S. ROARK (name), certify that on 8-18-90 (date), at LIZTON County, Indiana, RANDALL P. RHUDE HENDRICKS HENDRICKS \_\_ County, REBECCA S. GARLAND \_\_ (state), and \_\_\_\_ \_ County, \_\_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit HENDRICKS County, Indiana, dated 8-3-90 MINISTER Signed by: /s/ EDWIN S. ROARK \_ (official designation) 8-22-90 Filed and recorded in accordance with the laws of the State of Indiana on \_

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

8-3-90 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

Name of Physician

Statelano Name of Physician

File

MALE APPLICANT	FEMALE APPLICANT
Name oseph ( Middle & Versemann	Name First Middle Kast
Date of Burth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street of R.R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce & Annulment
Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)	Date of birth verified by: DBirth Certificate  Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Ø Yes □     If answer is "yes," has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind? No Yes      If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No 22 Yes	2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No. ✓ Yes □	3. Are you now under the influence of an alcoholic beverage? No⊘ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  Association  A
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children  Residence of father (if deceased, so state)	of dependent children
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children  Residence of mother (if deceased, so state)	of dependent children  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's fatrick ased Versenan	7. (a) Full name of applicant's Donald Les best 100
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's the way form	(b) Full maiden name of applicants mother foods Servel Kaixen
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Bentuck
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Kertucky
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Joseph Allonguron Date 8-3-90	Signature of Applicant Typen Narlon Date 8-3-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana ) I swear/affirm that the information given
1 1 1	County of HENDRICKS ss: in this application is true and correct.
Signed X Joseph A Vogunion	Signed + Jouen Warton
Subscribed and sworn to before me this 3 day of Que, 1990	Subsgribed and sworn to before me this 3 day of Oder 1990
Onnie Hawson Clerk of the HENDRICKS Circuit Court	Order Sawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of 19	Signed Mother Subscribed and sworn to before me this day of 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issued issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	
I certify that there was filed in my office a marriage license issued by the	MENDRICKS
dated 8-3-90 , authorizing the marriage of	JOSEH AUGUST VENNEMANN and
KAREN SUE HARTON	
I further certify that the following marriage certificate was filed in my of	
HENDRICKS TOCERL AUCHEM VI	on 8-11-90 (date), at PLAINFIELD in
County, Indiana,	or county,
(state), and	of HENDRICKS County,
HENDRICKS	under a marriage license that was issued by the Clerk of the Circuit
county, Indiana, dated 8-	
	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-22-90 (date).
	Signed
APMI (PD.)	UENDRICKS

AFML/PD1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the

circuit court when the person applies for a marriage license under IC

#### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Medical Examination or Report Dated

8-3-90 **Date of Application** 

HENDRICKS

\_Circuit Court

Name of Physician Studen Studen 31-7-3 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Date of Birth January Month W/D/Month Place of Birth (State or foreign country) Previous Marital Status: Never Married OR Death Divorce Last Marriage Ended By: Annulment □ Last Marriage Ended By: Death □ Divorce □ Annulment □ Date of birth verified by: 

Birth Certificate Other (Specify) Kruss Kulls Date of birth verified by: 

Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes Are you now or have you ever been adjudged to be of unsound mind? No 🗆 If answer is "yes," has the adjudication been removed? If answer is "yes," has the adjudication been removed? No 🗆 Yes Yes Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? No 🗆 Yes Yes No 🗆 Are you now under the influence of an alcoholic beverage? No 🗆 Are you now under the influence of an alcoholic beverage? Yes No 🗆 Yes 🗆 Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? No 🗆 Yes 🗆 List the full names of any dependent children. List the full names of any dependent children prathan Illan (a) Full name of father (a) Full name of father of dependent children of dependent children Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of mother (b) Full maiden name of mother of dependent children of dependent children Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) (a) Full name of applicant's (a) Full name of applicant's father Residence of father (if deceased, so state) ndeara Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of appli Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome immune deficiency syndrome). Signature of Applicant Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Date State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given HENDRICKS HENDRICKS in this application is true and correct. County of in this application is true and correct. day of August 19 90 day of Quality 1990 Subscribed and sworn to before me this \_\_\_ Subscribed and sworn to before me this \_ of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary . state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS State of Indiana HENDRICKS County of \_ Signed Father Signed Signed \_ Mother Subscribed and sworn to before me this \_ \_ day of \_ Subscribed and sworn to before me this \_\_\_\_ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_ 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 \_ County, Indiana, BRIAN JOSEPH ZEIGLER dated \_, authorizing the marriage of \_\_\_\_ CATHY DIANA HINKLE I further certify that the following marriage certificate was filed in my office: STEVEN T. REEVES (name), certify that on \_\_\_\_ 8-11-90 (date), at BROWNSBURG HENDRICKSunty, Indiana, BRIAN JOSEPH ZEIGLER IN (state), and CATHY DIANA HINKLE \_\_\_ of \_\_\_ HENDRICKS IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit HENDRICKS County, Indiana, dated 8-3-90 /s/ STEVEN T. REEVES Signed by: \_\_\_\_ PASTOR \_\_\_ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-15-90 \_ (date).

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

File

Aug 3 1990

Bate of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Aburt

Medical Examination or Report Dated

Name of Physician

HENDRICKS

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First & Middle / ( Aast	Name / First /Middle ( ) *Last
Date of Birth Month Day, Year	Date of Birth Month, Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
De Duri85C-57 Tueston	42 Dox 1850-57 4 theborn
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by:   Birth Certificate  Other (Specify)	Date of birth verified by: Birth Certificate DOther (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No      Yes	Are you now or have you ever been adjudged to be of unsound mind? No  Yes   Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No 🖰 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No  Yes
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No D Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (al Full name of father
of dependent children Stephen W. Willetto	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace oNather (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Slenn JV. Willetto	7. (a) Full name of applicant's
Residence of father (if deceased, so state) And plo.	Residence of father (if deceased, so state) Toleds, Olf-
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's 1 01 (1) 1. Column	(b) Full maiden name of applicant's
mother flygues of method the descent as the state of the	mother and grant of
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	Bit diplace of mother (state of foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the vigus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant / Date 83-90	Signature of Applicant Amelica Mella Date 390
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	
County of HENDRICKS ss: in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.
Signed & John K. W. With	signed & Sandra & Mills
New Address	New Address
Subscribed and sworn to before me this 3 day of aug 19 20	Subscribed and sworn to/before me this 3 day of Aug. 1990
Commission Clerk of the HENDRICKS Circuit Court	Connie Factor Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana
County of HENDRICKS	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	marriage license having been refused to the above named parties, the
and filed in authorizes and directs the i	Court, by written order issuedsuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	
I certify that there was filed in my office a marriage license issued by the	
dated 8-3-90 , authorizing the marriage of	JOHN KEVIN WILLETTS and
SANDRA LEE MILLS	
I further certify that the following marriage certificate was filed in my of	fice:
I,GEORGE PURNELL (name), certify that	on 9-15-90 (date), at PITTSBORO in
	ETTS of HENDRICKS County,
	of HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
TIENTEDICATE	15-90
Signed by: /s/ GEORGE UPRNELL PASTOR	
	(official designation) 9-18-90
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed Some Jawan Clerk

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County 8-3-90

Date of Application

\_Circuit Court

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

Female Medical Examination or Report Dated 7-21-90

Name of Physician T. Pae, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name Prist BMiddle Last Last Linguish	Name First. Middle Octast
Date of Birth Month Day Year	Date of Birth Month Day 2 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign couptry)
Residence Address Street or R.R. City County State 2	Residence Address Street or R.R. City - County State
1753 Centurion Thing. Inaple. In 4/0260	4174 E 350 N Dannelle, In.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify) Danies die.	Date of birth verified by: Birth Certificate Other (Specify) Annes Le
	Sales of Small Continues of Control (Openly)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? Yes	2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □ 4. Are you now under the influence of a parcotic drug?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No  ✓ Yes   5. List the full names of any dependent children.	Are you now under the influence of a narcotic drug?     No ☑ Yes □     List the full names of any dependent children
	c. List the fair names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's 1 len 1	7. (a) Full name of applicant's
father halles (Clonel dengolet	father Levar Priest Kenback
Residence of father (if deceased, so state) Farkvelld, VI.	Residence of father (if deceased, so state) Druelle, In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Regulated Carral Hallemann	(b) Full maiden name of applicant's way Lates
Residence of mother (if deceased, so state) Yarkwille St.	Residence of mother (if deceased, so state) Warvelle, J
Birthplace of mother (State or foreign country) Missauce	Birthplace of mother (State or foreign country)
THE RESIDENCE OF THE PARTY OF T	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Males Z. Shingrick Date 8/3/90	Signature of Applicant This time of Hunbouch Date 8-3-80
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss:   swear/affirm that the information given	State of Indiana ) see I swear/affirm that the information given
County of HENDRICKS ) ss: in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
Signed Charles Z. Blingrich	Signed Ginton K Benback
New Address 32/1 Chadwood Dr. N. 10, Inda to IN 4826	New Address 3211 Charlwaar On N 1c Andy An
Subscribed and sworn to before me this 34 day of aug 1990	Subscribed and sworn to before me this 3 day of Que 19 90 / 46.
Chrie daws Clerk of the HENDRICKS Circuit Court	Cynnie Laws Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of)
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the i	ssuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENSI	
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-3-90, authorizing the marriage of	CHARLES ZACHARY KLINGSICK
KRISTINE KAY RENBACK	and.
I further certify that the following marriage certificate was filed in my of	
I, DISMAS J. VEENEMAN (name), certify that of	on9-8-90 (date), atBROWNSBURG in
HENDRICKS County, Indiana, CHARLES ZACHARY K	
IN(state), and KRISTINE KAY RENBA	CK HENDRICKS
	ofCounty,
(State) were married by the as authorized	under a marriage license that was issued by the Clerk of the Circuit
County, Indiana, dated	3-90
Signed by: /s/ DISMAS J. VEENEMAN PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-11-90
	(date).
	SignedClerk
	HENDRICKS Circuit Count

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

8-6-90 Date of Application

355

\_Circuit Court

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

Female Medical Examination or Report Pated 7-25-90 Name of Physician

The sear of the Control of the Contr	MALE APPLICANT	FEMALE APPLICANT
The control of the co		Name A First ' Middle ' A Last /
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and believe the principle Double   Cleares   Control   Cleares   C	244 Park Dr. Sterling, Il.	
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An your row or ham you were been adjudged to be of unabound mined?  1 If allowed it has been the delighted been member?  1 Are your row at him any our were been adjudged to be of unabound mined?  1 Are your row under the influence of an excellation bear member?  1 Are your row under the influence of an excellation bearings?  1 No. 7 in I.  2 Are your row under the influence of an excellation bearings?  1 No. 7 in I.  3 Are your row under the influence of an excellation bearings?  1 No. 7 in I.  3 Are your row under the influence of an excellation bearings?  1 No. 7 in I.  3 Are your row under the influence of an excellation bearings?  1 No. 7 in I.  3 Are your row under the influence of an excellation bearings?  1 No. 7 in I.  3 Are your row under the influence of a month of the property	ast Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
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Let the but are and a size of the control of the properties of control of the properties of the control of t	. Are you now under the influence of an alcoholic beverage?	
Section of colors	. Are you now under the influence of a narcotic drug?	
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The Beschine of Interest Closeases, so state)  Biddington of Inter	(a) Full name of father	6. (a) Full name of father
Bilimplace of them: (State or foreign country)  b) Full made one of motive (deceased, so table)  Bilimplace of		
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(b) Full making manage aggregotiancy another (Bate or foreign country)  Birrhpites of mother (Bate or foreign country)  ACHOWLEDGMENT  ACHOWL	Residence of father (if deceased, so state) Significant to the state of the state o	
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ACHONWLEDAMENT  Achonowidege that I have received information regarding deaperous communicable diseases where are accurate manufact, and a list of the set late for the virus that causes AIDS (acquired minimum deficiency syndrogos).  Signature of Applicant these objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above achonowing ment because of religious beliefs.  Date  The above applicant has objected to verifying by oath or affirmation or signature to the above achonowing ment because of religious beliefs.  Date  The above applicant has objected to verifying by oath or affirmation or signature to the above achonowing ment because of religious beliefs.  Date  The above applicant has objected to verifying by oath or affirmation or signature to the above achonowing ment because of religious beliefs.  Date  The above applicant has objected to verifying by oath or affirmation or signature to the above achonowing ment because of religious beliefs.  Date  The above applicant has objected to verifying by oath or affirmation or signature to the above achonowing ment because of religious beliefs.  Date  The above applicant has objected to verifying by oath or affirmation or signature to the above achonowing ment because of religious beliefs.  Date of Indiana to County  Signate of Indiana  Lever/Affirm that the information plem in this applicant, believing two contents of the above achonowing ment and achonomic ac	Residence of mother (if deceased, so state) Sueley,	Residence of mother (if deceased, so state) Bramslung, O
Signed   S	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
actionomic plant   New received information regarding designorus communicable diseases that are sexually remainfeath and a list of the state of the virus that causes ADS designing that are sexually remainfeath and a list of the state of the virus that causes ADS designing that are sexually remainfeath and a list of the state ADS designing that are sexually remainfeath and a list of the state of the virus that causes ADS designing the plant of a list of the state of the virus that causes ADS designing the cause of religious beliefs.   Date   PLO	ACKNOWLEDGMENT	ACKNOWLEDGMENT
immune deficiency syndrome).  Signature of Applicant Max objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of religious beliefs.  Date of Indiana HENDRICKS  Signed Subscribed and sworn to before me this Lie day of Lie Lic Report of the above application is true and correct.  Signature of Applicant Has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant he	acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Date of Court		immune deficiency syndrome)
cacknowledgment because of religious beliefs.  Clierk of Court Date  Signed Court Date  Signed Court Date  New Address Court Date  New Address Court Date  New Address Court Date  Consent of PARENTS, PARENT OR GUARDIAN  New Address Date  Consent of PARENTS, PARENT OR GUARDIAN  New Address Date  Consent of PARENTS, PARENT OR GUARDIAN  New Address Date  Consent of PARENTS, PARENT OR GUARDIAN  New Address Date  Consent of PARENTS, PARENT OR GUARDIAN  New Address Date  Consent of PARENTS, PARENT OR GUARDIAN  New Address Date  Consent of PARENTS, PARENT OR GUARDIAN  New Address Date  Consent of PARENTS, PARENT OR GUARDIAN  New Address Date  Consent of PARENTS, PARENT OR GUARDIAN  New Address Date  Consent of PARENTS, PARENT OR GUARDIAN  New Address Date  Consent of PARENTS, PARENT OR GUARDIAN  New Address Date  Consent of PARENTS, PARENT OR GUARDIAN  New Address Date  Consent of PARENTS, PARENT OR GUARDIAN  New Address Date  Consent of PARENTS, PARENT OR GUARDIAN  New Address Date  Consent of PARENTS, PARENT OR GUARDIAN  New Address Date  Consent of PARENTS, PARENT OR GUARDIAN  New Address Date  Consent of PARENTS, PARENT OR GUARDIAN  New Address Date  Consent of PARENTS, PARENT OR GUARDIAN  New the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state of Indiana  HENDRICKS  Signed Father  Signed Fat	Signature of Applicant Em C. Smith Date 8/4/90	Signature of Applicant Dence M. Jacks Date 8-6-90
Complete IF Marriage License issued by the consent of the other parent unnecessary  Signed Si	The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
Signed Lieuwich this application is true and correct.  Signed Lieuwich Clerk of the HENDRICKS   Section of the parent signs, taste for indiana HENDRICKS   Section of Lieuwich Clerk of the	acknowledgment because of religious beliefs.	
Signed Subscribed and sworn to before me this application is true and correct.  Signed Subscribed and sworn to before me this golden. Thereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary.  State of Indiana HENDRICKS   ss:  Signed Subscribed and sworn to before me this   day of   discapped   discapped   day of   discapped   day	Clerk of Court Date	
Signed Live L. Smith New Address PANE New Address 244 Pank Dr. Scring It (alog of New Address 244 Pank Dr. Scr	State of Indiana HENDRICKS  I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
New Address Park		[2] [2] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
Subscribed and sworn to before me this	Signed Ceru Co. Commerce	Signed Level VI Lacks Dr. Steeling 14 101081
Consent of Parents, Parent, OR Guardian  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Father Signed Mother Subscribed and sworn to before me this day of Subscribed and sworn to before me this unthorizes and directs the issuance of a marriage license to the above named parties, the County of County that there was filled in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, ERIC EUGENE SMITH of Wathers County, Indiana, ERIC EUGENE SMITH of Hendricks County, Indiana, ERIC EUGENE SMITH of Hendricks County, Indiana, dated Signed by Medical Signed Signed by Medical Signed Si	Subscribed and sworn to before me this & day of Aug 19 90	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary.    Signed	Canie Lawson Clerk of the HENDRICKS Circuit Court	Carrie Lawson Clerk of the HENDRICKS Circuit Court
state facts which make the consent of the other parent unnecessary    State of Indiana   HENDRICKS   Signed   Signed   Signed   Mother	CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
State of Indiana HENDRICKS ) ss:    Signed	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
Signed	state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Signed	State of Indiana	State of Indiana
Signed	County of HENDRICKS ss:	County of
Subscribed and sworn to before me this	Signed Father	Signed Father
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 and Denice Marie Jackson  I further certify that the following marriage certificate was filed in my office:  I, STEVEN T. REEVES (name), certify that on 9-15-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, ERIC EUGENE SMITH of WHITESIDE County IL (state), and DENICE M. JACKSON of HENDRICKS County, Indiana, Adad Benice M. Jackson of HENDRICKS County, Indiana, dated 8-6-90  Signed by: /s/ STEVEN T. REEVES PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 9-18-90 (date).		Signed Mother
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		
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana and attended 8-6-90 , authorizing the marriage of ERIC EUGENE SMITH and DENICE MARIE JACKSON  If further certify that the following marriage certificate was filed in my office:  I, STEVEN T. REEVES (name), certify that on 9-15-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, ERIC EUGENE SMITH of WHITESIDE County (state), and DENICE M. JACKSON of HENDRICKS County, Indiana, dated 8-6-90  Signed by: /s/ STEVEN T. REEVES , PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 9-18-90 (date).	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana dated 8-6-90, authorizing the marriage of ERIC EUGENE SMITH and DENICE MARIE JACKSON  If further certify that the following marriage certificate was filed in my office:  I, STEVEN T. REEVES (name), certify that on 9-15-90 (date), at BROWNSBURG in the Marriage of Whiteside County, Indiana, ERIC EUGENE SMITH of Whiteside County, Italiana, Denice M. Jackson of Hendricks County, Indiana, dated Indiana on Signed by: /s/ STEVEN T. REEVES PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 9-18-90 (date).	and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana dated 8-6-90, authorizing the marriage of ERIC EUGENE SMITH and DENICE MARIE JACKSON  I further certify that the following marriage certificate was filed in my office:  I, STEVEN T. REEVES (name), certify that on 9-15-90 (date), at BROWNSBURG in the Marriage of Whiteside County, Indiana, ERIC EUGENE SMITH of Whiteside County, Italiana, Denice M. Jackson of Hendricks County, Indiana, dated Italiana, dated 8-6-90  Signed by: /s/ STEVEN T. REEVES PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 9-18-90 (date).		
dated 8-6-90 , authorizing the marriage of ERIC_EUGENE_SMITH and		
DENICE MARIE JACKSON  I further certify that the following marriage certificate was filed in my office:  I, STEVEN T. REEVES (name), certify that on 9-15-90 (date), at BROWNSBURG in the state of the control of the co	강에 150 16 16 16 17 17 18 18 19 18 19 18 18 18 18 18 18 18 18 18 18 18 18 18	Clerk of the Circuit Court of
DENICE MARIE JACKSON  I further certify that the following marriage certificate was filed in my office:  I, STEVEN T. REEVES (name), certify that on 9-15-90 (date), at BROWNSBURG in the state of the control of the co	dated $8-6-90$ , authorizing the marriage of	ERIC EUGENE SMITH and
IN STEVEN T. REEVES (name), certify that on 9-15-90 (date), at BROWNSBURG is HENDRICKS County, Indiana, ERIC EUGENE SMITH of WHITESIDE County IL (state), and DENICE M. JACKSON of HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circumstance of Court of HENDRICKS County, Indiana, dated 8-6-90  Signed by: /s/STEVEN T. REEVES , PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 9-18-90 (date).		
I, STEVEN T. REEVES (name), certify that on 9-15-90 (date), at BROWNSBURG is HENDRICKS County, Indiana, ERIC EUGENE SMITH of WHITESIDE County IL (state), and DENICE M. JACKSON of HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circu Court of HENDRICKS County, Indiana, dated 8-6-90  Signed by: /s/ STEVEN T. REEVES , PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 9-18-90 (date).	I further certify that the following marriage certificate was filed in my o	office:
HENDRICKS County, Indiana, ERIC EUGENE SMITH of WHITESIDE County IL (state), and DENICE M. JACKSON of HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circumstant of HENDRICKS County, Indiana, dated 8-6-90  Signed by: /s/ STEVEN T. REEVES , PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 9-18-90 (date).		
IL (state), and DENICE M. JACKSON of HENDRICKS County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circumstance of HENDRICKS County, Indiana, dated 8-6-90  Signed by: /s/STEVEN T. REEVES , PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 9-18-90 (date).		
IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circular of HENDRICKS County, Indiana, dated 8-6-90  Signed by: /s/ STEVEN T. REEVES , PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 9-18-90 (date).	IL (state) and DENICE M. JACKSON	
Court of		
Signed by:/s/_ STEVEN_T. REEVES, PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on (date).	HENDRICKS	
Filed and recorded in accordance with the laws of the State of Indiana on 9-18-90 (date).	count of county, marana, dated	
riled and recorded in accordance with the laws of the state of Indiana on (date).	Signed by: _/S/ STEVEN T. REEVES , PASTOR	[시간] [1] 전체 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
Signed January Cler	Filed and recorded in accordance with the laws of the State of Indiana or	n (date).
		Signed Somie fourton Clerk

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

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

Date of Application Female Medical Examination or Report Dated 3.4.90 Name of Physician De Reine Johns

MALE APPLICANT	FEMALE APPLICANT
Name Priest Middle Stages	Name Kelly Middle Turner
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
	219 Walson St. Flyd.
Previous Marital Status: Never Married 🗘 OR	Previous Marital Status: Never Married OR OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate  Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🖫 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes □
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin? No 🗓 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No  Ves   List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No   Yes   5. List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father
Residence of father (if deceased, so state)	of dependent children  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7. (a) Full name of applicant's
tather bother to Drago	father horses alfred theres
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Lot Marville And.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's lander forms from the smoother	(b) Full maiden name of applicant's fand fund fundablita
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWI EDOMENT	
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant BRian Date 8-7-90	Signature of Applicant + Kelly & Junes Date 8/7/90
Date Of Applicant	Signature of Applicant App
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS  Ss:   swear/affirm that the information given this application is true and correct.	State of Indiana County of HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.
Signed X Fran Magas	Signed & Kelly L. Jurner
New Address	
Subscribed and sworn to before me this	New Address Subscribed and sworn to before me this day of
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
	County of)
Signed Father	Signed Father
Signed Mother Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-7-90, authorizing the marriage ofBR	IAN DAVID SCAGGS and
KELLY LYNN TURNER	
I further certify that the following marriage certificate was filed in my or	ffice
	on 8-18-90 (date), at PLAINFIELD in
HENDRICKS County, Indiana, BRIAN DAVID SC	
IN (state), and KELLY LYNN TURNER	of HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated8-7-9	
Signed by:/s/_ JOHN C. PARSLEY BAPTIST PA	STOR (official designation)
	8-24-90
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed brine dans on Clerk
AFML/PD1	HENDRICKS Circuit Court

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

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The same	8-	7-	40	
SIL.	Da	te of	Applica	ation

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

No.

Date of Birth (Black or Change) County   Supplied    See of Birth (Black or Change) County    See of Birth (Black or Change) County	ame Sery Peal Sutton	Name ( First /Middle / / Last '/
The color of the State of the S	- All All All All All All All All All Al	
The control (State of Prospec country) (March 1980) and the Control (State of Prospec Country) (March 1980) and the Country (State of Prospec	ate of Birth Month Day Year	Date of Birth Month . Day Year
selection of Markons (Design of TA).  And you now there you want to all and the control of the c	1 35. 1964	Place of Birth (State or foreign country)
Territoria Marielli Diane. New Marriell 3	Tholane	Residence Address Street or R.R., City County State
and barriange Double Sy. Death O. Divisin of Division of Division of Control (1999). The other process of the Control of Division of Cont	14 Northern Dr., Nonuelle, Su. 46/20	
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Any sour love or them spin over teen eliptope to be of uncound mind?  No E Yes D if answer is Yes, has the applications been minuse?  No E Yes D if a love is a Yes, has the applications been minuse?  No E Yes D if yes D is a few or the property of the pr	ast Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
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beliege of state (diseased, so state)  Bishape of state (	+	
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The house protection is a depleted to were in protection to the above partners and accessed for foreign country)  Birthplace of the (Base or foreign country)  Birthplace of the Cities or foreign country)  Birthplace of the Cities or foreign country)  Birthplace of mother (Base or foreign country)  ACKNOWLEDMENT  ACKNOWL		
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Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country)  ACKNOWLEDGHERT acknowledge that I have received information regarding desperous communicable diseases that are security transmitted, and also of the last site for the virus that causes ADS (ocquired minumus deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by cath or affirmation or signature to the above acknowledge that I have received information regarding desperous communicable diseases that are security transmitted, and a list of the less sites for the virus that causes ADS (ocquired minumus deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by cath or affirmation or signature to the above acknowledge the source of religious beliefs.  Date  County of Marchael Bencherts  Signed Bench Be		
Bitthplace of mother (State or foreign country)  ACRICONLEDGMENT  Bignature of Applicant  Date  Acriconledgment acriconledgment decrease or reliquious belows.  Acriconledgment because or reliquious belows.  Acriconledgment because or reliquious belows.  Bignature of Applicant  Bignature of Applicant  Date  Acriconledgment because or reliquious belows.  Bignature of Applicant  Bignature of Applicant  Date  Acriconledgment because or reliquious belows.  Bignature of Applicant  Date  Acriconledgment because or reliquious belows.  Bignature of Applicant  Date  Acriconledgment because or reliquious belows.  Bignature of Applicant  Date  Acriconledgment because or reliquious belows.  Bignature of Applicant  Bignature of Applicant  Date  Acriconledgment because or reliquious belows.  Bignature of Applicant  Bignature of Applicant  Bignature of Applicant  Date  Acriconledgment because or reliquious belows.  Bignature of Applicant  Bign	1 1000 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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Signed Andrew Court Date PROPERTS, PARENT, OR GUARDIAN We, the parents of this applicant, heavily grown that the increase and severe to the day of the parent signed.  Control of PARENTS, PARENT, OR GUARDIAN (Cherk of the Currout)  Signed MENDRICKS Signed Mental paper of the Mental pape	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the lots talk lots for the wind that causes AIDS (exquired minume deficiency syndrome).  Jignature of Applicant  Date 8—1—9  Date 8—1—9  The above applicant has objected to verifying by oath or affirmation or signature to the above chromoelogement because of religious beliefs.  Date below applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to Applicant  The above applicant has objected to verifying by oath or affirmation or signature to Applicant  The above applicant has objected to verifying by oath or affirmation or signature to Applicant  The above applicant has objected to verifying by oath or affirmation or signature to Applicant  The above applicant has objected to verifying by oath or affirmation or signature to Applicant  The above applicant has objected to verifying by oath or affirmation or signature to Applicant  The above applicant has objected to verifying by oath or affirmation or signature to Applicant  The above applicant has objected to verifying by oath or affirmation or signature to Applicant  The above applicant has objected to verifying by oath or affirmation or signature to Applicant  The above applicant has objected to verifying by oath or affirmation or signature to Applicant  The above applicant has objected to verifying by oath or affirmation or signature to Applicant  The above applicant has objected to verifying by oath or affirmation or signature to Applicant  The above applicant has objected to verifying by oath or affirmation or signature to Applicant  The above applicant has objected to verifying by oath or affirmation or signature to Applicant  The above applicant has objected to verifying by oath or affirmation or signature to Applicant  The above appli	ACKNOWLEDGMENT	ACKNOWLEDGMENT
immune deficiency syndrome). Just Date 8—9.4 Signature of Applicant Nas objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by cath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by cath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by cath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by cath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by cath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by cath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by cath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to religious beliefs.  The Above applicant has ob	acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by eath or affirmation or signature to the above religious beliefs.  The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by eath or affirmation or signature to the above and order to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by eath or affirmation or signature to the above and orrect.  The above applicant here objected to verifying by eath or affirmation or signature to the above and orrect.  The above applicant here objected to verifying by eath or affirmation or signature to the above acknowledgment and orrect.  The above applic	mmune deficiency syndrome).	immune deficiency syndrome).
Conserved of metabouse of religious beliefs.  Clierk of Court  Date  Signed  New Address PD Rick 2 [15] Reduce Inspect At 2500  Subscribed and sworn to before me this year of this marriage. If only one parent signs take facts which make the consent of the other parent unnecessary  Signed Technology of the other parent unnecessary  State of Indiana HENDRICKS  Signed Technology of the other parent unnecessary  Signed Technology of the other parent unnecessary  State of Indiana HENDRICKS  Signed Technology of the HENDRICKS  Signed Technology of the Other parent sign	Signature of Applicant Date 8-1-90	
Clerk of Court  Date  Clerk of Court  Date  Clerk of Court  Clerk of Court  Clerk of Court  Clerk of Court  Signed  County of In this application is true and correct.  Signed  County of In this application is true and correct.  Signed  New Address  To Roy IN TO ROY	The above applicant has objected to verifying by oath or affirmation or signature to the above	
Signed Address To Roy Risk Research M 25802 Subscribed and sworn to before me this D day of Large 16 25 Subscribed and sworn to before me this D day of Large 16 25 Subscribed and sworn to before me this D day of Large 16 25 Subscribed and sworn to before me this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Father Signed Mother Mother Mother Mother Parent unnecessary Mother Mother Signed Mother Mot	# 18 18 18 18 18 18 18 18 18 18 18 18 18	Clerk of Court Date
Signed Address To Roy Risk Research M 25802 Subscribed and sworn to before me this D day of Large 16 25 Subscribed and sworn to before me this D day of Large 16 25 Subscribed and sworn to before me this D day of Large 16 25 Subscribed and sworn to before me this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Father Signed Mother Mother Mother Mother Parent unnecessary Mother Mother Signed Mother Mot	State of Indiana	
New Address P. B. C. Y. Edy County 19.20  Substitute of Indiana HENDRICKS   Substitute Colors of the HENDRICKS Circuit Count County of HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS   Subscribed and sworn to before me this   1.00   4.00    Subscribed and sworn to before me this   1.00   4.00    Subscribed and sworn to before me this   1.00   4.00    Subscribed and sworn to before me this   1.00   4.00    Subscribed and sworn to before me this   1.00    Su	County of HENDRICAS in this application is true and correct.	
State of Indiana HENDRICKS   ss:    Signed	Signed Signed 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Signed Policy Signed Delastone against
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties.  **RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of MARY ANN VALLS  If further certify that the following marriage certificate was filed in my office:  I, HOMARD CUPP (name). Capture of MARY ANN VALLS  IN (state), and MARY ANN VALLS  I (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit of MARY ANN VALLS  County (Signed by 19 MARY ANN VALLS)  I (state), and MARY ANN VALLS  Ocurt of MARDARD CUPP (name). Capture of MARY ANN VALLS  County (Aste). And MARY ANN VALLS  County (Aste). And MARY CUPP (name). Capture of MARY ANN VALLS  County (Aste). And MARY CUPP (name). Capture of MARY ANN VALLS  County (Aste). And MARY CUPP (name). Capture of MARY ANN VALLS  County (Aste). And MARY CUPP (name). Capture of MARY ANN VALLS  County (Aste). And MARY ANN VALLS  County (Aste). And MARY CUPP (name). Capture of MARY ANN VALLS  County (Aste). And MARY ANN VALLS  County, Indiana, Mary ANN VALLS  County (Aste).  County (Ast	New Address PO POX 1815 Reason Hy sonal HL 23808	New Address 1.0. 100 0131 New Address 1990 3
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, late facts which make the consent of the other parent unrecessary  State of Indians HENDRICKS Signed Father Signed Mother Signed	Owne Tellist Clerk of the HENDRICKS Circuit Court	Owner Touserclerk of the HENDRICKS Circuit Cou
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, taste facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state		
State of Indiana HENDRICKS ) ss:    Signed	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
Signed Signed Signed Mother Subscribed and sworn to before me this day of 19 Clerk Subscribed and sworn to before me this day of 19 Clerk Subscribed and sworn to before me this day of 19 Clerk Subscribed and sworn to before me this day of 19 Clerk COUNTY COUNTY Subscribed and sworn to before me this day of 19 Clerk COUNTY Subscribed and sworn to before me this day of 19	state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Signed Signed Signed Mother Subscribed and sworn to before me this day of 19 Clerk Subscribed and sworn to before me this day of 19 Clerk Subscribed and sworn to before me this day of 19 Clerk Subscribed and sworn to before me this day of 19 Clerk COUNTY COUNTY Subscribed and sworn to before me this day of 19 Clerk COUNTY Subscribed and sworn to before me this day of 19	State of Indiana )	State of Indiana ***********************************
Signed	County of HENDRICKS ) ss:	County of
Subscribed and sworn to before me this		Signed Fath
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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, and MARY ANN VAILS  I further certify that the following marriage certificate was filed in my office:  I, HOWARD CUPP (name), certify that on 8-11-90 (date), at HENDRICKS County, Indiana, and MARY ANN VAILS of MADISON County (state), and MARY ANN VAILS of MADISON County (state), and MARY ANN VAILS of MADISON County (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit of HENDRICKS County, Indiana, dated 8-11-90  Signed by: /s/ HOWARD CUPP PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-14-90 (date).	H II NO THE REPORT OF THE PARTY	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, to 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 and MARY ANN VAILS  If further certify that the following marriage certificate was filed in my office:  I, HOWARD CUPP (name), certify that on 8-11-90 (date), at HADLEY  HENDRICKS County, Indiana, GARY NEAL SUTTON of HENDRICKS County (state), and MARY ANN VAILS of MADISON County (state), and MARY ANN VAILS of MADISON County (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit of HENDRICKS County, Indiana, dated 8-11-90  Signed by: /s/ HOWARD CUPP PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-14-90 (date).		
County		
RETURN OF MARRIAGE LICENSE AND MARRIAGE 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 and 8-7-90 , authorizing the marriage of GARY NEAL SUTTON and MARY ANN VAILS  I further certify that the following marriage certificate was filed in my office:  I, HOWARD CUPP (name), certify that on 8-11-90 (date), at HADLEY  HENDRICKS County, Indiana, GARY NEAL SUTTON of HENDRICKS County (state), and MARY ANN VAILS of MADISON County (state), and MARY ANN VAILS of MADISON County (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit of HENDRICKS County, Indiana, dated 8-11-90  Signed by: /s/ HOWARD CUPP PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-14-90 (date).	County	Court, by written order issued
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indianal dated 8-7-90 , authorizing the marriage of GARY NEAL SUTTON an MARY ANN VAILS  If further certify that the following marriage certificate was filed in my office:  I, HOWARD CUPP	and filed in, authorizes and directs the	e issuance of a marriage license to the above named parties.
dated 8-7-90 , authorizing the marriage of GARY NEAL SUTTON an  MARY ANN VAILS  I further certify that the following marriage certificate was filed in my office:  I, HOWARD CUPP	RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
MARY ANN VAILS  If further certify that the following marriage certificate was filed in my office:  I, HOWARD CUPP	I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana
I further certify that the following marriage certificate was filed in my office:  I, HOWARD CUPP (name), certify that on 8-11-90 (date), at HADLEY  HENDRICKS County, Indiana, GARY NEAL SUTTON of HENDRICKS County  IN (state), and MARY ANN VAILS of MADISON County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circle Court of HENDRICKS County, Indiana, dated 8-11-90  Signed by: /s/ HOWARD CUPP PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-14-90 (date).	dated 8-7-90 authorizing the marriage of G	SARY NEAL SUTTON and
I further certify that the following marriage certificate was filed in my office:  I, HOWARD CUPP	15 H.H. 5 MARAH NEW PROJECT DE LA SECONO DE L	
HENDRICKS County, Indiana, GARY NEAL SUTTON Of HENDRICKS County  IN (state), and MARY ANN VAILS Of MADISON County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circle  Court of HENDRICKS County, Indiana, dated 8-11-90  Signed by: /s/ HOWARD CUPP PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-14-90 (date).		office
HENDRICKS County, Indiana, GARY NEAL SUTTON of HENDRICKS County IN (state), and MARY ANN VAILS of MADISON County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circle Court of HENDRICKS County, Indiana, dated 8-11-90 Signed by: /s/ HOWARD CUPP PASTOR (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-14-90 (date).		
IN (state), and MARY ANN VAILS of MADISON Count IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circle Court of HENDRICKS County, Indiana, dated 8-11-90  Signed by: /s/ HOWARD CUPP PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-14-90 (date).	, and white and	
IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circ Court of HENDRICKS County, Indiana, dated 8-11-90  Signed by: /s/ HOWARD CUPP PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-14-90 (date).	TN MADY ANN VATIC	MADISON
Court of (state) were married by me as authorized under a marriage literal was issued by the Clerk of the Circ Signed by: (official designation)  Signed by: /s / HOWARD CUPP PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on (date).	(state), and	
Signed by: (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on (date).	(state) were married by me as authorized	
Filed and recorded in accordance with the laws of the State of Indiana on	Court of County, Indiana, dated	
Filed and recorded in accordance with the laws of the State of Indiana on (date).	Signed by: _/S/ HOWARD COFF PASTOR	
Signed Lennie Janson Cle	Filed and recorded in accordance with the laws of the State of Indiana	on (date).
	a new and recorded in decordance with the laws of the state of indiana t	

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

Date of Application

450

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

7-24-90 

File \_

MALE APPLICANT	FEMALE APPLICANT
Name Rodaus Hilliam Last Popula	Name Sturra Middle Last Splans
Date of Birth Worth Day Year 7	Date of Birth Wase 5 1959
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City Coupty State	Residence Address Street of R.R. City County State
10202 W Stafford Rd - Maple. In.	K. K. # 1 Doy 1280 Colleaville, Sh 4612
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 🗓 Yes 🗆	2. Are you related to the male applicant closer than second cousin?
<ul> <li>3. Are you now under the influence of an alcoholic beverage?</li> <li>4. Are you now under the influence of a narcotic drug?</li> <li>No ☐ Yes ☐</li> <li>Yes ☐</li> </ul>	3. Are you now under the influence of an alcoholic beverage?  No  Yes □  4. Are you now under the influence of a narcotic drug?  No  Yes □
4. Are you now under the influence of a narcotic drug?  No Ves   5. List the full names of any dependent children	5. List the full names of any dependent children. Jamie Kate Span
	Lacey Rae Spears
6. (a) Full name of father	6. (a) Full name of father
of dependent children	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's / P + D . /	7. (a) Full name of applicant's
father Charles Estile Poole	father Jack Wilson Hearick
Residence of father (State or foreign sounts)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's -	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's
mother nellet Pearl Blanton	mother Lores Laverne Lippy
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Kertlecky
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndromeb	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Rodhuy Poole Date 8/8/90	Signature of Applicant X Jaura Kay Spears Date 8/8/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.  Clerk of Court
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
Signed Rodney Poole	Law Hand
New Address R. R. # / BOY 128C COATESVILLE IN	Signed & Jayera Ray Spears
Subscribed and sworn to before me this 87H day of Aug 1990	Subscribed and sworn to before me this 8th day of Cury, 19 90
CANNEL Jauren Clerk of the HENDRICKS Circuit Court	Cornie Causer Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County of HENDRICES	County of
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of, 19
20 00 00 00 00 00 00 00 00 00 00 00 00 0	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, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS.	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	
dated $8-8-90$ , authorizing the marriage of RO	and.
LAURA SPEARS	
I further certify that the following marriage certificate was filed in my or	
I,	
PARKE County, Indiana, RODNEY P. POO	LE of HENDRICKS County,
IN(state), andLAURA SPEARS	of HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
	-11-90 Example of
Signed by:/s/ JEFF POOLE, MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Clerk
AFML/PD1	HENDRICKS Circuit Court

\_\_\_Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

8-8-90
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 8-8-90

Name of Physician Lev Caker

MALE APPLICANT	FEMALE APPLICANT
Name Of First Middle' A Gast	Name First Middle Lluggert
Date of Birth Month 2 Day 23 Year 59	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or fereign country)
Residence Address Streetor R.R. City County State	Residence Address Street or R.R. City County State
3/19 of Kakewood In Indplo, the	R. P. # 1 Day 255-55
Previous Marital Status: Never Married □ OR '46234'	Previous Marital Status: Never Married 🖭 OR
Last Marriage Ended By: Death □ Divorce Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: Birth Certificate Cother (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
<ol> <li>Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes □</li> <li>If answer is "yes," has the adjudication been removed? No □ Yes □</li> </ol>	Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes," has the adjudication been removed?  No Yes   Yes
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No 🗹 Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	rong
6. (a) Full name of father of dependent children	6. (a) Full name of father Oldependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother
Residence of mother (if deceased, so state)	of dependent children  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's me I is he	7. (a) Full name of applicant's
father Then Mayles Co. A. S. Jan	father Thomas Edgar Dygert
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (If deceased, so state) Sadiana
(b) Full maiden name of applicant's	Birthplace of father (State or foreign country)  (b) Full maiden narge of applicant's
mother Pasemany Styria	mother Detty Marie Spith
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency and defend	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant who Medical Date 8-21-90	Signature of Applicant X Lori Jo hygert Date 8-8-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
11 20 1	
Signed Medyer!	Signed X dore to Deggert
Subscribed and sworn to before me this 21st day of Que 19 90	New Address  Subscribed and sworn to before me this But day of Coursest 1920
Subscribed and sworn to before me this 21st day of Aug 19 90  Chance Susan Clerk of the HENDRICKS Circuit Court	Conne James Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	
County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	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
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-21-90, authorizing the marriage of	JOHN MEDJESKI JR. and
LORI JO DYGERT	
I further certify that the following marriage certificate was filed in my o	ffice:
	on 9-29-90 (date), at BROWNSBURG in
-, (mane), certify that	
HENDRICKS County, Indiana, JOHN MEDJESKI IN (state), and LORI JO DYGERT	LENDETOVE
11. P. B.	County,
(State) were married by me as authorized	under a marriage license that was issued by the Clerk of the Circui 10-2-90
count of county, indiana, dated	
Signed by: /s/ DONALD TYLER , MINISTE	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	10-2-90 (date).
	Signed Town Jawan Clerk

### 360

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

AFML/PD 1

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No.	700	
File .		
	1 1 1000	
1	lucy 9 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 michael Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Boldwen	Name First Middle McClaud
Date of Birth Month Day Year 1925	Date of Birth Month Day 15 Year 1943
Place of Birth (State or foreign country) Putnam G. In.	Place of Birth (State or foreign country) Marean Co.
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State (Marien)
Previous Marital Status: Never Married   OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by:   Birth Certificate Dother (Specify)  Auture Sec	Date of birth verified by:   Birth Certificate Dether (Specify)  Bruus lie
Date of birth verified by.	
1. Are you now or have you ever been adjudged to be of unsound mind? No 🛛 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐  Are you related to the female applicant closer than second cousin?  Yes ☐	Are you related to the male applicant closer than second cousin?  No  Yes  Yes
<ol> <li>Are you related to the female applicant closer than second cousin?</li> <li>No ☐ Yes ☐</li> <li>Are you now under the influence of an alcoholic beverage?</li> <li>No ☐ Yes ☐</li> </ol>	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ✓ Yes □	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of mother
(b) Full maiden name of mother of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Harvey Balduri	7. (a) Full name of applicant's Paul Reymond Kleyers
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Elsie May Cubanks	(b) Full maiden name of applicant's Phylle: Ona Policific
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome);
Signature of Applicant John E. Beldwin Date \$-9-90	X Signature of Applicant Senda Smelloud Date 8-9-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.  Clerk of Court Date
Clerk of Court Date	
State of Indiana County of HENDRICKS  Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.
	& signed Lendow S Mc Cloud
New Address 11225 White they to the	New Address / 1225 W. Wash. St Indo
Subscribed and sworn to before me this 9 day of day of 1990	Subscribed and sworn to before me this day of
Clerk of the HENDRICKS Circuit Court	Coance Fluisas Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana HENDRICKS ss:
State of Indiana County of HENDRICKS ) ss:	County of)
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of, 19 Clerk
County	. A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorizes and directs the	e issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
20 회원보다 [다고] 보고 전하면서 되었다. [그라고 말을 하고 있다. 그 있다. [ 전 ] 보안스 트로 하스 ( ) 사람	
dated \$ -9-90, authorizing the marriage of	JOHN E. BALDWIN and
LINDA S. McCLOUD	
I further certify that the following marriage certificate was filed in my	
	t on 9-16-90 (date), at PLAINFIELD in
HENDRICKS County, Indiana, JOHN E. BALDWIN	of HENDRICKS County,
IN(state), andLINDA S. McCLOUD	of HENDRICKS County,
	ed under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated	9-16-90
Signed by:/s/ ALBERT W. MITCHELL , MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana of	0.10.00
and the state of indiana of	
	Signed Clerk
AFML/PD1	HENDRICKS Circuit Court

AFML/PD 1

#### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

8-9-90
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 8-8-90

Name of Physician Auggan

HENDRICKS

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Steven Middle Last Loomis	Name Kim First Middle Lastyland
Date of Birth Month Day Year	Date of Birth Mogth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Besidence Address Street or R.B. City County State
2613 Umkerst Fillerton. Orange Colf.	3603 3. Clarko Och. Rd. Jasply In. 46231
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married SK OR
Last Marriage Ended By: Death □ Divorce Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: Birth Certificate   Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
1. Are you con as how you was horn adjudently be adversed a large. No W. N. 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 ☐	1. Are you now or have you ever been adjudged to be of unsound mind? NoXT Yes   If answer is "yes," has the adjudication been removed? No   Yes
2. Are you related to the female applicant closer than second cousin? No 🗵 Yes	If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐  Are you related to the male applicant closer than second cousin?  No★□ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ★ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full games of any dependent children.	5. List the full names of any dependent children.
_ yessica Loomes	
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother
Residence of mother (if deceased, so state)	of dependent children
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7 (a) Full name of applicants of the
father Whites Owen Roomis	father Milliam E. Flayd
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(h) Sull maiden page of applicable	Birthplace of father (State or foreign country) Kentucky
mother Haralell Miggeston	(b) Full maiden name of applicants mother Browells
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that ocuses AIDS (acquired immune deficiency syndrome).
Signature of Applicant Ste a Zoom Date 8-9-90	Signature of Applicant Benkerly Delon Date 8-9-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct
	County of HENDRICKS in this application is true and correct.
Signed Star as Teverne	Signed Kinchelly W Hoyal
New Address 26/3 ANHOST FULTONS CA. 92631 Subscribed and sworn to before me this 9 day of Cutty. 1990	New Address Spbscribed and swgrn to before me this 9 day of Aug 1990
The Dayson Clerk of the HENDRICKS Circuit Court	(A) mis The suppose HENDRICKS
	Clerk of the HEINDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County or
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of 19
COMPLETE IS MARRIAGE LIGENSE ISSUED BY CORDED OF COURT	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
	CI I III CI II CI III C
I certify that there was filed in my office a marriage license issued by the	
dated 8-9-90 , authorizing the marriage of	STEVEN WALTER LOOMIS and
KIMBERLY DENISE FLOYD	
I further certify that the following marriage certificate was filed in my or	ffice:
	on 8-11-90 (date), at INDIANAPOLIS in
HENDRICKS County, Indiana, STEVEN WALTER	LOOMIC
Journey, Indiana,	County,  CLOYD of HENDRICKS County,
THEFT	under a marriage license that was issued by the Clerk of the Circuit
country, maiana, dated	
Signed by:/s/ ROBERT E. JONES, PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-14-90 (date).
	Signed Lange James Clerk

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

IC 31-7-9-1. Furnishing false information upon applying for license.

#### STATE OF INDIANA

#### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS C

County

No. File 8-9-90
Date of Application

A person who knowingly furnishes false information to a clerk of the Medical Examination or Report Dated circuit court when the person applies for a marriage license under IC Name of Physician Helen Duyer 31-7-3 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Last Date of Birth Month Day Year Date of Birth Month Place of Birth (State or foreign country) Place of Birth (State or foreign country) ndiana Residence Address Street or R.R. County State Previous Marital Status: Never Married Previous Marital Status: Never Married OR OR/ Annulment 🖾 Last Marriage Ended By: Death □ Divorce □ Last Marriage Ended By: Death □ Divorce □ Annulment □ Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) No 🗆 1. Are you now or have you ever been adjudged to be of unsound mind? No Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No 🗆 No 0 Yes 🗆 If answer is "yes," has the adjudication been removed? Are you related to the male applicant closer than second cousin? Yes 🗆 Are you related to the female applicant closer than second cousin? No D No 🗆 Are you now under the influence of an alcoholic beverage? No 🗆 Yes 🗆 Are you now under the influence of an alcoholic beverage? No 🗆 Yes 🗆 Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? No 🗆 Yes 🗆 No 🗆 Yes 🗆 List the full names of any dependent children. List the full names of any dependent children. (a) Full name of father (a) Full name of father of dependent children of dependent children Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of mother (b) Full maiden name of mother of dependent children of dependent children Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) (a) Full name of applicant's father Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome). Signature of Applicant Signature of Applicant Date The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs acknowledgment because of religious beliefs Clerk of Court Clerk of Court Date Date I swear/affirm that the information given I swear/affirm that the information given State of Indiana State of Indiana HENDRICKS HENDRICKS in this application is true and correct. in this application is true and correct. County of \_ County of \_ Signed Signed New Address **New Address** Subscribed and sworn to before me this \_\_\_ \_ day of \_ Subscribed and sworn to before me this day of Clerk of the HENDRICKS Circuit Court Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS State of Indiana HENDRICKS County of \_\_ County of . Father Signed \_ Signed Father Signed Signed Mother Subscribed and sworn to before me this \_\_ Clerk Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued\_ and filed in\_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_\_\_\_ County, Indiana, \_, authorizing the marriage of \_\_ and. I further certify that the following marriage certificate was filed in my office: \_\_\_\_\_ (name), certify that on \_\_\_\_ \_\_\_\_\_ (date), at \_\_\_\_ County, Indiana, \_\_\_ \_ (state), and \_ \_\_\_\_\_ of \_\_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit HENDRICKS County, Indiana, dated \_\_\_\_ Court of \_\_\_ Signed by: \_ \_\_\_\_\_ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_

Signed \_

\_ Clerk

\_Circuit Court

HENDRICKS

AFML/PD 1

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

ile .	La Artista de la Caración de la Cara	
	8-10-90	

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IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Hagand

HENDRICKS

\_Circuit Court

	FEMALE APPLICANT
Name First Middle Alexander	Name First Middle Last Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.B. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married  OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce 🛱 Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate  Other (Specify)	Date of birth verified by: Birth Certificate Cother (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes C
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐  Are you related to the female applicant closer than second cousin?  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes   Yes
3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No 🖒 Yes 🗆	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
3. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of mother	Birthplace of father (State or foreign country)  (b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's
tather I had they illerander	tather Paul Drawlin Lawar
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's
mother Susan Callan House	mother Sarah Elizabeth Garks
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome).  Signature of Applicant  Date	I acknowledge that I have received information regarding 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 ** **Lauser** Date **8-10-90**
The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS    I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
Signed & James M. My andes	
New Address	Signed Klinberly K Lawson  New Address
Subscribed and sworn to before me this 10 day of Queen 1990	Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
county of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
	Signed Father
Signed Father	
Signed Father Signed Mother	Signed Fatner
Signed Mother ubscribed and sworn to before me this day of, 19	
Signed Mother ubscribed and sworn to before me this day of, 19 Clerk	Signed Mother Subscribed and sworn to before me this day of 19 Clerk
Signed Mother subscribed and sworn to before me this day of, 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Signed Mother Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the
Signed Mother subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	Signed Mother Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued
Signed Mother ubscribed and sworn to before me this day of, 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County, authorizes and directs the incomplete in, and the incomplete in, and the incomplete in	Signed Mother Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the  Court, by written order issued issuance of a marriage license to the above named parties.
Signed Mother subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County authorizes and directs the in  RETURN OF MARRIAGE LICENSI	Signed Mother Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE
Signed	Signed Mother Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
Signed Mother subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county authorizes and directs the interest of the subscribed in my office a marriage license issued by the county that there was filed in my office a marriage license issued by the county that there was filed in my office a marriage license issued by the county that there was filed in my office a marriage license issued by the county that there was filed in my office a marriage license issued by the county that there was filed in my office a marriage license issued by the county that there was filed in my office a marriage license issued by the county that there was filed in my office a marriage license issued by the county that there was filed in my office a marriage license issued by the county that there was filed in my office a marriage license issued by the county that there was filed in my office a marriage license issued by the county that there was filed in my office a marriage license issued by the county that there was filed in my office a marriage license issued by the county that there was filed in my office a marriage license issued by the county that there was filed in my office a marriage license issued by the county that the county that there was filed in my office a marriage license issued by the county that the	Signed Mother Subscribed and sworn to before me this day of 19  Clerk A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
Signed Mother  ubscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County authorizes and directs the in  RETURN OF MARRIAGE LICENSI  Certify that there was filed in my office a marriage license issued by the incomplete the control of the county and the county is a control of the county and the county is a control of the control of the county is a control of th	Signed Mother Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
Signed	Signed
Signed	Signed Mother Subscribed and sworn to before me this day of 19  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, JAMES MICHAEL ALEXANDER and  HENDRICKS and
Signed	Signed

### 364

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

AFML/PD 1

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS \_ County

No	422
File _	Charles White
	8.10.90
	Date of Application

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Name Jeffrey Middle Stafford	Name First Elizabeth Roberts
Date of Birth Month Pay Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married Q OR	Previous Marital Status: Never Married A OR
CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment Annulment
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🕱 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No ▼ Yes □
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?  No □ Yes □
2. Are you related to the female applicant closer than second cousin? No 1/2 Yes	2. Are you related to the male applicant closer than second cousin? No Yes
<ul> <li>3. Are you now under the influence of an alcoholic beverage?</li> <li>4. Are you now under the influence of a narcotic drug?</li> <li>No ☒ Yes ☐</li> </ul>	<ul> <li>3. Are you now under the influence of an alcoholic beverage? No   ✓ Yes □</li> <li>4. Are you now under the influence of a narcotic drug? No   ✓ Yes □</li> </ul>
5. List the full names of any dependent children. Stochen Stophen	5. List the full names of any dependent children.
O O Deaffact	
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7 (a) Full name of applicant's
father charles starfford	father
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother paris Then willed	mother Elizabeth Ani london
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome).
Signature of Applicant Date	Signature of Applicant X Crows, Roberto Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
- Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ) ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed X	Signed X Crin E. Roberto
New Address	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this 10 day of 2 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of)
Signed Father Signed Mother	Signed Signed Signed Signed Mother
	Subscribed and sworn to before me this 10 day of 1990
Subscribed and sworn to before me this day of, 19	
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworm to before the this Land day of Land 194
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
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
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 issuance of a marriage license to the above named parties.
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the	A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
Complete if Marriage License issued by Order of Court.  and filed in	A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and EFFREY E. STAFFORD and
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and and fifice:
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and I
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and Seffrey E. STAFFORD and and Seffrey E. STAFFORD And HENDRICKS County, Figure 1.
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and I
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and in the Circuit Court of HENDRICKS (Accounty) and in the Circuit Court of HENDRICKS (County), and in the Circuit Courty, and HENDRICKS (County), and the Clerk of the Circuit County, and the Clerk of the Circuit County
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and in the Circuit Court of HENDRICKS (Accounty) and in the Circuit Court of HENDRICKS (County), and in the Circuit County, and in the Circuit County County, and in the Circuit County Coun
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and and in the Circuit Court of HENDRICKS County, Indiana, and in the Circuit Court of HENDRICKS County, and HENDRICKS County, and Tendricks County,
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,  EFFREY E. STAFFORD and  Cfice:  on 8-11-90 (date), at DANVILLE in  FFORD of HENDRICKS County,  under a marriage license that was issued by the Clerk of the Circuit  8-11-90  (official designation)
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,  EFFREY E. STAFFORD and  Cfice:  on 8-11-90 (date), at DANVILLE in FFORD of HENDRICKS County,  under a marriage license that was issued by the Clerk of the Circuit  8-11-90  (official designation)  8-14-90

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

File 8-10-90
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 8-6-98

Name of Physician Stegemaller MD

HENDRICKS

\_\_Circuit Court

County of HENDRICKS   Signed Address   S	MALE APPLICANT	FEMALE APPLICANT
The property forms of	Name First & Middle & Last	Name Cather Middle First
The contribution of the co	Date of Birth Month 9 Day 7 Year 54	
Treatment and the state of the control of the contr	Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Treatment and the state of the control of the contr	Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Less Number of Code By Death © Dourne Development   Death of the Workshop Ended By Death © Dourne Development   Death of the Workshop Death of Death Code Centre   Death of the Workshop Death of Death Code Centre   Death of the Workshop Death of Death Code Centre   Death of the Workshop Death of Death Code Centre   Death of the Workshop Death of Death Code Centre   Death of the Workshop Death of Death Code Centre   Death of the Workshop Death of Death Code Centre   Death Of the Deat	ARA DAY 116-3 chighm, on.	To But 12 chigh, on.
Coas of turns verified by, ** Birth Certificate** Office (Specify)  1. Are you now for the separate them designated to be of unascord minor?  1. Are you now for the separate them designated to be of unascord minor?  2. Are you can be the minor of an accord could be a formation of the country of the countr	Previous Marital Status: Never Married OR	
1. Any your row or have you ever been adjudged to be of uncound mind? No. Yes C if severe it has the adjudged to be of uncound mind? No. Yes C if severe it has the adjudged to be of uncound mind? No. Yes C if severe it has the adjudged to be of uncound mind? No. Yes C if severe it has the adjudged to be of uncound mind? No. Yes C if severe it has the adjudged to be adjudged to be of uncound mind? No. Yes C if severe it has the adjudged to be of uncound mind? No. Yes C if severe it has the adjudged to be adjudge	Last Marriage Ended By: Death □ Divorce Annulment □	Last Marriage Ended By: Death Divorce Annulment
It seems in Year Than the exhibitation been recovered   No C   Yea C	Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
2. An approximated to the main applicant closure has assented country  4. An approximated in the influence of an assential goal?  4. An approximate in the influence of an assential goal?  4. An approximate in the influence of an assential goal?  5. Little build immany of application in the second of an assential goal?  6. Little build immany of application in the second of a second goal?  6. Little build immany of application in the second of a second goal?  6. Little build immany of application in the second of a second goal?  6. Little build immany of application in the second of a second goal?  6. Little build immany of application in the second of a second goal of a second	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
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Resolutions of other (discussed, to state)  Birmplace of tather (discussed, to state)  Birmplace of tather (discussed, to state)  Birmplace of tather (discussed, to state)  Birmplace of control (discussed, to state)  Resolutions of online (discussed, to state)  Resolutions of online (discussed, to state)  Birmplace of rother	adam Beck Tyro.	Christe Fisher 13 ups.
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ACKNOWLEDGMENT  1 acknowledge that I have received information regarding dangerous communicable diseases that are sexually stamments and all set of the state section where the state of the state	.00 1	A. I.
Letrocelege that have received information regarding dangerous communicable diseases that are sexually stammatics, and last of the state size of the vintal accessor. Most conjugate of a policy in the state are second in the state of	Birtiplace of mother (State of foreign country)	Birthplace of mother (State or foreign country)
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immune deficiency syndroms) Signature of Applicant Machine Spiriture of Applicant Page 1975 (Control Court C	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Signed S	immune deficiency syndrome)	immune deficiency syndrome) / /
State of Indiana HENDRICKS   section of County of Signed Authority of Signed Authority (County (County of Signed Authority (County (County of Signed Authority (County	Signature of Applicant Date S-10-10	Signature of Applicant Carry Glassian Date 0/10/90
County of Court    Date   Dete   Dete   Clerk of Court   Date		
County of HENDRICKS   Signed Address   S	100700 P. M. <b>L. M. M. B. B.</b>	
County of HENDRICKS is in this application is true and correct.  Signed Address AR 2 Ref 17 2 Capter New Address RR 2 Ref 18 2 Capter New Address RR 2 Capter New Address RR 2 Ref 18 2 Capter New Add	State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
New Address # # 150 day of	1	County of in this application is true and correct.
New Address # # 150 day of	Signed David Lee Back	Signed Carry Lee Firmer
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed	New Address RK 2. Box 176-3 Clayton	New Address R R. 21 KOX 176-3 Clarton
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	Subscribed and sworn to before me this 20 day of Cluy 1970	Subscribed and sworn to before me this day of HENDRICKS
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary.    State of Indiana   HENDRICKS   Signed   Father   Signed   Mother   Moth	Clerk of the Circuit Court	Circuit Court
State of Indiana HENDRICKS   Sax   Signed   Father Signed   Mother   Subscribed and sworn to before me this   day of   19		
Signed Signed Signed Mother Signed Signed Signed Signed Signed Mother Signed Signed Subscribed and sworn to before me this day of 19 Clerk Complete if Marriage License Issued by Order of Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-90 authorizing the marriage of DAVID LEE BECK and CATHY LEE FISHER (name), certify that on 8-10-90 (date), at DANYILLE in HENDRICKS County, Indiana, DAVID LEE BECK of HENDRICKS County, Indiana, dated 8-10-90 (state), and CATHY LEE FISHER of HENDRICKS County, Indiana, dated 8-10-90 (state), and CATHY LEE FISHER of HENDRICKS County, Indiana, dated 8-10-90 (date).  Signed Signed Signed Signed Signed by: /s/ CONNIE TATE 1ST DEPUTY CLERK (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-10-90 (date).		
Signed Signed Signed Mother Signed Signed Signed Signed Signed Mother Signed Signed Subscribed and sworn to before me this day of 19 Clerk Complete if Marriage License Issued by Order of Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-90 authorizing the marriage of DAVID LEE BECK and CATHY LEE FISHER (name), certify that on 8-10-90 (date), at DANYILLE in HENDRICKS County, Indiana, DAVID LEE BECK of HENDRICKS County, Indiana, dated 8-10-90 (state), and CATHY LEE FISHER of HENDRICKS County, Indiana, dated 8-10-90 (state), and CATHY LEE FISHER of HENDRICKS County, Indiana, dated 8-10-90 (date).  Signed Signed Signed Signed Signed by: /s/ CONNIE TATE 1ST DEPUTY CLERK (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-10-90 (date).		
Signed Signed Signed Mother Signed Signed Signed Signed Signed Mother Signed Signed Subscribed and sworn to before me this day of 19 Clerk Complete if Marriage License Issued by Order of Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-90 authorizing the marriage of DAVID LEE BECK and CATHY LEE FISHER (name), certify that on 8-10-90 (date), at DANYILLE in HENDRICKS County, Indiana, DAVID LEE BECK of HENDRICKS County, Indiana, dated 8-10-90 (state), and CATHY LEE FISHER of HENDRICKS County, Indiana, dated 8-10-90 (state), and CATHY LEE FISHER of HENDRICKS County, Indiana, dated 8-10-90 (date).  Signed Signed Signed Signed Signed by: /s/ CONNIE TATE 1ST DEPUTY CLERK (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-10-90 (date).	State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed		
Subscribed and sworn to before me this	2. 1 p. 7. <b>1   1   1   1   1   1   1   1   1   1 </b>	
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 authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-90 authorizing the marriage of DAVID LEE BECK and CATHY LEE FISHER  I further certify that the following marriage certificate was filed in my office:  I, CONNIE TATE (name), certify that on 8-10-90 (date), at DANVILLE in HENDRICKS County, Indiana, DAVID LEE BECK of HENDRICKS County, Indiana, in (state), and CATHY LEE FISHER of HENDRICKS County, Indiana, dated 8-10-90  Signed by: /s/ CONNIE TATE 1ST DEPUTY CLERK (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-10-90 (date).	Subscribed and sworn to before me this day of 19	
and filed in	Clerk	Clerk
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-90 , authorizing the marriage of DAVID LEE BECK and CATHY LEE FISHER  I further certify that the following marriage certificate was filed in my office:  I, CONNIE TATE (name), certify that on 8-10-90 (date), at DANVILLE in HENDRICKS County, Indiana, DAVID LEE BECK of HENDRICKS County, Indiana, CATHY LEE FISHER of HENDRICKS County, Indiana (state), and CATHY LEE FISHER of HENDRICKS County, Indiana dated 8-10-90  Signed by: /s/ CONNIE TATE   ST DEPUTY CLERK (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-10-90 (date).	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-90 , authorizing the marriage of DAVID LEE BECK and CATHY LEE FISHER  I further certify that the following marriage certificate was filed in my office:  I, CONNIE TATE (name), certify that on 8-10-90 (date), at DANVILLE in HENDRICKS County, Indiana, DAVID LEE BECK of HENDRICKS County, IN (state), and CATHY LEE FISHER 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 8-10-90  Signed by: /s/ CONNIE TATE 1ST DEPUTY CLERK (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-10-90 (date).	County	Court, by written order issued
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-90 , authorizing the marriage of DAVID LEE BECK and CATHY LEE FISHER  I further certify that the following marriage certificate was filed in my office:  I, CONNIE TATE (name), certify that on 8-10-90 (date), at DANVILLE in HENDRICKS County, Indiana, DAVID LEE BECK of HENDRICKS County, In (state), and CATHY LEE FISHER 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 8-10-90  Signed by: /s/ CONNIE TATE , IST DEPUTY CLERK (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-10-90 (date).	THE RESIDENCE OF THE PARTY OF T	
dated 8-10-90 , authorizing the marriage of DAVID LEE BECK and  CATHY LEE FISHER  I further certify that the following marriage certificate was filed in my office:  I, CONNIE TATE	RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
CATHY LEE FISHER  I further certify that the following marriage certificate was filed in my office:  I, CONNIE TATE (name), certify that on 8-10-90 (date), at DANVILLE in HENDRICKS County, Indiana, DAVID LEE BECK of HENDRICKS County, Indiana, CATHY LEE FISHER of HENDRICKS County, Indiana, dated Nerve married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-90  Signed by: /s/ CONNIE TATE 1ST DEPUTY CLERK (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-10-90 (date).	I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
CATHY LEE FISHER  I further certify that the following marriage certificate was filed in my office:  I, CONNIE TATE (name), certify that on 8-10-90 (date), at DANVILLE in HENDRICKS County, Indiana, DAVID LEE BECK of HENDRICKS County, Indiana, CATHY LEE FISHER of HENDRICKS County, Indiana, dated Nerve married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-90  Signed by: /s/ CONNIE TATE 1ST DEPUTY CLERK (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-10-90 (date).	dated 8-10-90 authorizing the marriage of	DAVID LEE BECK and
I further certify that the following marriage certificate was filed in my office:  I,	마이지 않는 아이들 것들이 없어야 하는데, 이 경우 전기가 있는데 하지만 했다면 하는데, 이 사이트를 살아 있다면 하다고 싶었다면 다른데	
I,		office
HENDRICKS County, Indiana, DAVID LEE BECK of HENDRICKS County,  IN (state), and CATHY LEE FISHER 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 8-10-90  Signed by: /s/ CONNIE TATE   ST DEPUTY CLERK (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-10-90 (date).		
IN (state), and CATHY LEE FISHER 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 8-10-90  Signed by: /s/ CONNIE TATE   ST DEPUTY CLERK (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-10-90 (date).		
IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-90  Signed by: /s/ CONNIE TATE   ST DEPUTY CLERK (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 8-10-90 (date).		
Court of		~
Signed by:/s/_ CONNIE_TATE,	(State) were married by me as authorized	
Filed and recorded in accordance with the laws of the State of Indiana on 8-10-90 (date).	court of	
r ned and recorded in accordance with the laws of the State of Indiana on	Signed by: /s/ CONNIE TATE 1ST DEPUTY	
Signed Tennis Jourson	Filed and recorded in accordance with the laws of the State of Indiana or	a (date).
		Signed Tanie James Clerk

# 366

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

File S.10-80
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Most halter Parker

MALE APPLICANT	FEMALE APPLICANT
Name Mark Middle Johnson	Name Di First Middle Holast Worth
Date of Birth Month Day Year	Date of Birth Month 3Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
All aurabatica all	- 10000 D. St 267 Brownshing to
Previous Marital Status: Never Married 14 OR	Previous Marital Status: Never Married X OR
ast Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate Cother (Specify)
. Are you now or have you ever been adjudged to be of unsound mind? No 🖫 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No   ✓ Yes □
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No Ø Yes □
. Are you now under the influence of an alcoholic beverage? No ⊅ Yes □	3. Are you now under the influence of an alcoholic beverage? No   ▼ Yes □
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
(a) Full name of applicant's Allian Lee Johnson	7. (a) Full name of applicant's Robert for Holoworth
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Satur from Woods	(b) Full maiden name of applicant's C
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
	Distributed of mother (State of Foreign Country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
gnature of Applicant Amark affinesh Date	immune deficiency syndrome).
gnature of Applicant Mark of James Date	Signature of Applicant & Licana Bobyworth Date
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.  Clerk of Court Date
tate of Indiana ounty of HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct.
Signed & Mark of Dhoson	signed X Diana Hobworth
New Address	New Address 10575 N. St 267 Brownsburg.
ubscribed and sworn to before me this 10 day of 2000, 1990	Subscribed and sworn to before me this 10 day of 2 19 90
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	
/e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
ubscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
nd filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
91000	
ated, authorizing the marriage of	MARK L. JOHNSON and
DIANA L. HOLZWORTH	
further certify that the following marriage certificate was filed in my o	ffice:
MICHAEL J. THURMOND (name), certify that	on 8-11-90 (date), at PLAINFIELD in
HENDRICKS County, Indiana, MARK L. JOHNSON	of HENDRICKS County
IN (state), and DIANA L. HOLZWORT	TH OF HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
HENDRICKS 0 1	10-90
ourt of County, Indiana, dated	
igned by: /s/ MICHAEL J. THURMOND PASTOR	(official designation)
iled and recorded in accordance with the laws of the State of Indiana on	0 (date).
	Clerk
	HENDRICKS

\_Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

File 8-10-90 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 Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Was Right	Name Siret Middle Last Last
Date of Birth Month Day Year 9	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: □ Birth Certificate □ Other (Specify)	Date of birth verified by:  Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No. 2 Yes	
If answer is "yes," has the adjudication been removed?  No Yes	Are you now or have you ever been adjudged to be of unsound mind?      Yes If answer is "yes," has the adjudication been removed?  No Yes If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
<ul> <li>4. Are you now under the influence of a narcotic drug?</li> <li>5. List the full names of any dependent children.</li> </ul>	Are you now under the influence of a narcotic drug?      No Yes C     List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
Residence of mother (if deceased, so state)	of dependent children
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's Parry William & Riott	7. (a) Full name of applicant's
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's hada has Mil Maiel	(b) Full maiden name of applicant's Landa L. Ciller
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) — Maine
ACKNOWLEDGMENT	ACKNOWI EDOMENT
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndromes)
Signature of Applicant Date Company PRO	Signature of Applicant X LUNC K. Sood Date & 10-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana HENDRICKS ) ss:   swear/affirm that the information given in this application is true and correct.	State of Indiana ) se. I swear/affirm that the information given
	County of HENDRICKS ) ss: in this application is true and correct.
Signed Ruk (e). Reliable	Signed Diane K. Sood
New Address Space	New Address 7483-D Rockleigh Ave
Subscribed and sworn to before me this 10 day of Qua. 1990  Grant Jaurson Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 6 day of Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS )	
County of HENDRICKS ) SS.	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
County	marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorizes and directs the i	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the (	Clerk of the Circuit Court of HENDRICKS County, Indiana,
lated 8-10-90 , authorizing the marriage of ER	
DIANE KATHERINE GOOD	and.
further certify that the following marriage certificate was filed in my of	· ·
SILAS V. STILES (name), certify that of	
HENDRICKS County, Indiana, ERIC W. ELLIOT	THENDRICKS
IN (state), and DIANE KATHERINE GOOD	County,
IN	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 8-1	0-90 the Circuit
Signed by:/s/ SILAS V. STILES PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9_14_00
	I among
	Signed Music danson Clerk
FML/PD 1	HENDRICKS Circuit Court

# 368

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

NO.		40	1	175
File			and the state of	
	Aus	10	1991	
6	Date o	of Appli	ication	-33

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Manen James Male

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Glast	Name First Middle Greathers
Date of Birth Month Day 30 Wear 1965	Date of Birth Month Day Year S
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
211 Pamela Pkuy Brownskuy Dr.	- 8160 E. 700 M. Braunskey (News.)
Previous Marital Status: Never Married OR OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify)  Attacks	Date of birth verified by: Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No  Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 🖭 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No ❷ Yes □
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 🗁 Yes 🗆
5. List the full names of any dependent children.	List the full names of any dependent children.
C (a) Full name of father	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Polys + & Gradd	7. (a) Full name of applicant's A. Glesching
Residence of father (if deceased, so state) Brushalana In	Residence of father (if decessed so state) Bruwn August
Birthplace of father (State or foreign country)	Residence of father (If/deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's R	(b) Full maiden name of applicant's
mother Allins P. Magely	mother dinka J. Jaapsma
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant Tober (1. Jello) Date 8/10/70	Signature of Applicant Laula Gullelling Date 8/10/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.
Signed Folen (1. Ma)	Signed & Paula Greseking
New Address 706 LOCUST LAWE BROWNShull	New Address * SAME *
Subscribed and sworn to before me this 10 day of 1990	Subscribed and sworn to before me this 10 day of Oliver, 19 90
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana HENDRICKS
County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	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, authorizes and directs the	issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	
dated, authorizing the marriage of	ROBERT ALLEN GROFF and
PAULA MARIE GIESEKING	
I further certify that the following marriage certificate was filed in my or	ffice:
I, LEONARD MAYNARD (name), certify that	
HENDRICKS County, Indiana, ROBERT ALLEN GROF	TE HENDRICKS
	of HENDRICKS County,
(state) were married by me as authorized	under a marriage license that was issued by the Clerk of the Circuit
The state of the s	.8-90
Signed by: /s/ LEONARD MAYNARD PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-30-90 (date).
	Signed Clerk

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

File	-		
-110			

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 — Helm Meyn Myntheselv

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
339 D. Mrson Dhorg And.	25 Julas Dr. Bling Jud
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married 🖾 OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate  Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ♥ Yes □ 3. Are you now under the influence of an alcoholic beverage? No □ Yes □	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage?  No   Yes □  4. Are you now under the influence of a narcotic drug?  No   Yes □
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Ervie E. Harrey.	7. (a) Full name of applicant's Round Kent Rounds
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother — Contha M. Dok	(b) Full maiden name of applicant's Bounce of Accordance Monthly
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X En' Harry Th. Date	Signature of Applicant & Opril Reypolds Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana  Countries  HENDRICKS  ) ss:   swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed & Eime Howey Jr.	Signed & april Reyxolds
New Address  Subscribed and sworn to before me this 10 day of 2 day of 1970	New Address 25 Fair Lange Biburg
Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 10 day of 200 1998  Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana	
County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19 Clerk	Subscribed and sworn to before me this day of 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Court by written order issued
and filed in, authorizes and directs the i	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
	IE E. HARVEY JR. and
APRIL R. REYNOLDS	
I further certify that the following marriage certificate was filed in my of	
I, STEVEN T. REEVES (name), certify that (	
	y JR. of HENDRICKS County,
(state), and	of HENDRICKS 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 10-	-8-90
Signed by: /s/ STEVEN T. REEVES PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on .	10-10-90 (date).
	Signed Lanne James Clerk
AFML/PD 1	HENDRICKS Circuit Court

## 370

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No. 461

File 8- 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

Juny

Maxdue

MALE APPLICANT	FEMALE APPLICANT
Name Steven Bouton Chinan	Name any Sina Claussen
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country),	Place of Birth (State or fgreign country)
Residence Address Street or R.R. City, County State	Residence Address Street or R.R., City Gounty State
53 Cak Deritary Estates Wheatfuld, In. 46392	- Ba allen Newe Brownsburg In 46/12
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)   Levers Sicesse
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗷 Yes 🗆
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves U	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 🗆 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No ₩ Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Radges Cherry (14)	5. List the full names of any dependent children. Share Claussen (18)
ALAILAN HASTE HARLINGTON	
6. (a) Full name of father of dependent children	(a) Full name of father     of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father Cherry	7. (a) Full name of applicant's father James Q. Louis
Residence of father (if deceased, so state) Colegonia	Residence of father (if deceased, so state) Sharana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Laliana
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's Port
mother Allecting Faige  Residence of mother (if deceased so state) In Acara	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	The state of the s
Birthplace of mother (State of foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)?
Signature of Applicant Atron Cuy Date \$-10-90	Signature of Applicant Comp Componer Date 8-10-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana  County of HENDRICKS  Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss:   I swear/affirm that the information given in this application is true and correct.
County of AA	County of HENDRICKS ) in this application is true and correct.
Signed ( wen Cury	Signed amy & Claussen
New Address 432 Allen Dr. Drowns burg IN	New Address 432 allen Drive Brownsbur
Subscribed and sworn to before me this 10 day of Chiggs 49 90	Subscribed and sworn to before me this 10th day of 4. 1990  Corrue Rauson Clerk of the HENDRICKS Circuit Court
Courte Galuson Clerk of the HENDRICKS Circuit Court	Conne Hauson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana HENDRICKS ) ss:
County of HENDRICKS ss:	County of
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	e issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e clerk of the circuit court of County, Indiana,
dated 8-10-90, authorizing the marriage of S	TEVEN BARTON CHERRY and
AMY IRMA CLAUSSEN	
I further certify that the following marriage certificate was filed in my o	office:
	t on8-18-90
IN (state) and AMY IRMA CLAUSSEI	N HENDRICKS
(State), and	or county,
IN (state) were married by me as authorized	d under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 8	-18-90
Signed by: /s/ BRADFORD F. PURDY PASTOR	(official designation)
Signed Sy.	8-21-90
Filed and recorded in accordance with the laws of the State of Indiana of	u (date).
<b>《中国》,《中国》,《中国》,《中国》,《中国》,《中国》</b>	Signed lance danson Clerk
	HENDRICKS Circuit Count

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	Date	f Annling	tion
	aug	13	1990
le			

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 December 08:640 Access

HENDRICKS

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Stast	Name Stephanie Middle Rogers
Date of Birth Month Day 30 Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
122 S. Breen Brownslary Sr.	The second secon
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married S OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: □ Birth Certificate ☑ Other (Specify)	Date of birth verified by: □ Birth Certificate ♥ Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No      Yes □     If answer is "yes," has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind? No      Yes □     If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No 🗹 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No 1/2 Yes 🗆
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No 🗗 Yes 🗆	4. Are you now under the influence of a narcotic drug?  No □ Yes □  5. List the full names of any dependent children.
5. List the full names of any dependent children.	S. Estate of the factor of the
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children  Residence of father (if deceased, so state)
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father Scatt Scatt	7. (a) Full name of applicant's Sullian Earl Rooms
Residence of father (if deceased, so state) Braunslung In	Residence of father (if deceased, so state) Que and
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's Johns How Robert
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	Signature of Applicant Legicaria C. Rog. Date 8-90  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
State of Indiana County of HENDRICKS  Signed Comes R. Succession of the Address  New Address  I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this day of day of 1990
Subscribed and sworn to before me this 13 day of	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Fathe
Signed Mother	Signed Mothe
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 19
Clerk	Cleri
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana
[1] [1] [1] [1] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	
dated \( \) \( \) \( \) \( \) authorizing the marriage of	
STEPHANIE D. ROGERS	
I further certify that the following marriage certificate was filed in my o	
I,RAYMOND H. DUFF (name), certify that	
	T of HENDRICKS County
	s of MARION County
	l under a marriage license that was issued by the Clerk of the Circu
Court of HENDRICKS County, Indiana, dated	8-13-90
Signed by: /s/ RAYMOND H. DUFF , MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana or	9-18-90 (date).
They and recorded in accordance with the laws of the State of Indiana of	(unic).
	Signed Some Sources Cler

AFML/PD 1

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File 8-13-90
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 8-10-90

Name of Physician N-7-1999 M.D.

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Offist Buildle Witter	Name Central Smiddle That he
Date of Birth Day 3 Year 7	Date of Bigin Month Day 30 Year 72
Place of Birth (State or foreign country)	Place of Birth (State or formion-country)
Residence Address Street or R.R. City & County, States	Residence Address, Street or R.R. City County State
1210 S Six Paints Pd. Inflo. In.	40 Venable Dr. Danuelle
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: A Birth Certificate   Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes □
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father with the father	7. (a) Full name of applicant's father Hickard Stephen Harts
Residence of father (if deceased, so state) Onlpls.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applipant's A. H.
mother gerry Marleal Crarks	mother Betty Heralleal Sh
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Brian With Date 9-10-90	Signature of Applicant State of
Signature of Applicant full Date 2000 Date 2000	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgmen because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ss: swar/affirm that the information given in this application is true and correct.
County of	hildred de la la
Signed fifty Born with	Signed Cyling The Harfoul
New Address 124 Que 50	New Address / 13 To 10 T
Subscribed and sworn to before me this 134 day of aug 19 50	Subscribed and sworn to before me this Stay of any 19 98
Cranic Kewsa Clerk of the HENDRICKS Circuit Court	Corne Lainsa Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father	SignedFather
Signed Mother	Signed Father
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Subscribed and sworn to before me this day or 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	
dated 8-13-90 , authorizing the marriage of	JEFFREY B. WITTY and
JENNIFER L. HARTSOCK	and.
I further certify that the following marriage certificate was filed in my o	
CYNTHIA J. SPENCE (name), certify that	on JUNE 13th 1990 (date), at DANVILLE in
	Of HENDRICKS County,
IN (state), and JEFFNIFER L. HAF	PURCOCK LENDRICKS
	County,
	d under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 8-13	3-90
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	
and share of the decordance with the laws of the state of Indiana of	
	Signed Syrue Sparson Clerk

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

File S-1390
Date of Application

404

IC 31-7-9-1. Furnishing false information upon applying for license.

A person who knowingly furnishes false information to a clerk of the circuit court 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 Right Middle McLast	Name Elizabeth H. Smith
Date of Birth Month Pay Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married  OR	Previous Marital Status: Never Married   OR
Last Marriage Ended By: Death □ Divorce ⚠ Annulment □	
Date of birth verified by:   Birth Certificate Dother (Specify)	
The or of the continue of the	
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes   If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐  No ☐ Yes ☐  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐  Are you related to the male applicant closer than second cousin?  No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ♠ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes □
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. 104 Hrthar Smith 1
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's Ry
Residence of father (if deceased, so state)	father Marles Marie
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Consider the control of the cont	(b) Full maiden name of applicant's
Residence of mother (if deceased, so state)	mother Many Dancis Danpary
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
ACKNOW FROMENT	
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Lody m June Date 8-13-90	Signature of Applicant Market Date 8-13-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS  Ss:   swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct.
Signed Xachy m Dan	Signed Elphotel a Smith
New Address	New Address
Subscribed and sworn to before me this 13 day of	Subscribed and sworn to before me this 13 day of Qua. 1990
Clerk of the HENDRICKS Circuit Court	Laure Janes Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	State factor which make the consent of the other parent uninecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ss:
Signed Father	County of
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of, 19	Signed Mother Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	Court by written order issued
RETURN OF MARRIAGE LICENSI	
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8.13.90, authorizing the marriage of R	ODNEY W. McGOWAN and
ELIZABETH A. SMITH	
I further certify that the following marriage certificate was filed in my of	
I, DANNY VAUGHN (name), certify that	
	of HENDRICKS County,
	of HENDRICKS 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 8-18-	
Signed by: /s/ DANNY VAUGHN JUDGE PRO	TEMPORE (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Lance James Clerk
AFML/PD1	Cicia
	HENDRICKS Circuit Court

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

S-13-90
Date of Application

465

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

Female

Medical Examination or Report Dated 8-8-90

Name of Physician Nr. Udams

MALE APPLICANT	FEMALE APPLICANT
Name Garcy First Alam Middle Smoth	Name MelissaFirst Marie Shaggs
Date of Birth Canuary Day 1 19 Year	Date of Birth February Day 2 Year 2
Place of Birth (State or foreign country) Lindiana	Place of Birth (State or foreign country) Indiana
Residence Address / Street or R.R.O. City// Covinty / State	
10 Fterle et fanour fundricks, In	Residence Address / Street of R.R. / Gity County State
Previous Marital Status: Never Married 🖾 OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify)   Privers Kickes	Date of birth verified by: Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 1 Yes
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No □ Yes □  2. Are you related to the male applicant closer than second cousin?  No □ Yes □
<ol> <li>Are you related to the female applicant closer than second cousin? No ☑ Yes ☐</li> <li>Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐</li> </ol>	3. Are you now under the influence of an alcoholic beverage?  Note: Yes:
4. Are you now under the influence of an arcotic drug?	4. Are you now under the influence of a narcotic drug? No 🖾 Yes 🗆
List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's forold Xian Smith	7. (a) Full name of applicants with Europe Alana
Residence of father (if deceased so state) Indiana	father Marie Maria Maria La
residence of lattier (if deceased, so state)	Residence of father (if deceased, so state)
Birtiplace of father (State of foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother	(b) Full maiden name of applicant's sa Susant Jurily
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome).
Signature of Applicant Date 8-13-90	Signature of Applicant Muliana Strages Date 8-13-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss:   swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
2 0 1	
Signed Tany O Smath	Signed Molison Maril Shago
New Address 410 PARK Drive Plainfield, 46168	New Address 410 Parts Drill Redurgiold 46
Subscribed and sworn to before me this 35 day of Aug 19 90	Subscribed and sworn to before me this 3 aday of Acq 19.90
Clerk of the HENDRICKS Circuit Court	Clerk of the HÉNDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	
County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father
Would	Cianad
Subscribed and sworn to before me this day of 19	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of, 19
Clerk	Subscribed and sworn to before me this day of 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. and filed in, authorizes and directs the	Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in, authorizes and directs the  RETURN OF MARRIAGE LICENS.	Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in, authorizes and directs the  RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the	Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in, authorizes and directs the  RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the	Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
Complete IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
Complete if Marriage License issued by Order of Court.  and filed in	Subscribed and sworn to before me this
Complete if Marriage License issued by Order of Court.  and filed in authorizes and directs the RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the dated 9-13-90 , authorizing the marriage of GAM  MELISSA MARIE SKAGGS  I further certify that the following marriage certificate was filed in my of the dated of the second	Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,  RY ALAN SMITH and  effice:
Complete if Marriage License issued by Order of Court.  and filed in authorizes and directs the RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the dated 9-13-90 , authorizing the marriage of GAM  MELISSA MARIE SKAGGS  I further certify that the following marriage certificate was filed in my of the dated of the second	Subscribed and sworn to before me this
Complete if Marriage License issued by Order of Court.  and filed in authorizes and directs the RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the dated 9-13-90 , authorizing the marriage of GAM  MELISSA MARIE SKAGGS  I further certify that the following marriage certificate was filed in my of the dated of the second	Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	Subscribed and sworn to before me this day of 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filled in	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County  and filed in  RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated  B-13-90  Authorizing the marriage of  MELISSA MARIE SKAGGS  I further certify that the following marriage certificate was filed in my of the marriage of the marr	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County  and filed in  RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated  B-13-90  MELISSA MARIE SKAGGS  I further certify that the following marriage certificate was filed in my of the marriage of the m	Subscribed and sworn to before me this

AFML/PD 1

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

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375

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Described West view Hosp

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name David, Middle Last Middle	Name Aluce Tra Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Town
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married  OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce  Annulment □
Date of birth verified by:   Birth Certificate **D Other (Specify) DC Lic.	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes   If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No      Yes □     If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No № Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No 🧗 Yes □
4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No Fres   No Fres   List the full names of any dependent children.
Brandon Ross	Dear
6. (a) Full name of father of dependent children	6. (a) Full name of father
Residence of father (if deceased, so state)	of dependent children
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Sonald Ravid Warrer	7. (a) Full name of applicant's Carrier Solmer Klange
Residence of father (if deceased, so state) Elizabeth Qub.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Many Eather Hand	(b) Full maiden name of applicant's Some Sura 18 years
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	I acknowledge that I have received information regarding 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 A land (h. Lum Date	Signature of Applicant & Clyce S. Hary Date 8-15-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS  Signed Signed Signed Subscribed and sworn to before me this State of Indiana I swear/affirm that the information given in this application is true and correct.  Subscribed and sworn to before me this Subscribed and subscribed and subscribed and sworn to before me this Subscribed and	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  Signed Mew Address Subscribed and sworn to before me this 15 day of 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of, 19	Signed Mother Subscribed and sworn to before me this day of 19
Clerk	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued.
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the	1 (   1   1   1   1   1   1   1   1   1
dated, authorizing the marriage of	DAVID MICHAEL WARNER and
I further certify that the following marriage certificate was filed in my of	ffice:
	on8=25=90 (date), atBROWNSBURG in
HENDRICKS County, Indiana, DAVID MICHAEL WAI	RNER of HENDRICKS County,
IN(state), andALYCE IVA LANG	of HENDRICKS County,
TITLE TO THE TITLE	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 5	
Signed by: _/s/ ANDREA LEININGER , MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-13-90 (date).
	Signed Some Squeen Clerk

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No.	467
File	
	8-15-90 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 \_\_\_\_\_

MALE APPLICANT	FEMALE APPLICANT
Name DEWAYNE CARSON PARK	Name RONAR JO BREWER
Date of Birth Month Day Year 3	Date of Birth Monthy Day Year 2
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State Findricks IN	Residence Address Street or RSA Sily County / State Locale To
Previous Marital Status: Never Married DS OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
Date of birth verified by: Birth Certificate  Other (Specify)	Last Marriage Ended By: Death Divorce Annulment
	Date of birth verified by: Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes   If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆
2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? No Yes S  3. Are you now under the influence of an alcoholic beverage? No Yes S
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of mother	Birthplace of father (State or foreign country)  (b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's Appear to Jane Park	7. (a) Full name of applicant's Tana 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
Residence of father (if deceased, so state) 35 44 Frolumn Road, PHId, In	father PAMES KOMANO BREWER DR.
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) 54 SMAdison St PIHd, IIV
(b) Full maiden name of applicant's and Tana - Banana	(b) Full maiden name of applicant's NOREEN MARIE DEITZ
Residence of mother (if deceased, so state) 3544 Indian Rind, 17Hd II	
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) 545 MAdison St. 141 J. A.
THE RESERVE OF THE PARTY OF THE	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
DS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
2-15-90	immune deficiency syndrome()
THE RESIDENCE OF THE PARTY OF T	Signature of Applicant Ronda Blewer Date 08-15-90
to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
and the state of t	Clerk of Court Date
mation given	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given
d correct.	in this application is true and correct.
	× Signed nonda Delevel
SCHOOL OF TRUE THE BEST OF THE PARTY.	New Address 3544 Indiana Road PHIA, TW 46168  Subscribed and sworn to before me this Stay of Original 1990
Circuit Court	Clerk of the HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT, OR GUARDIAN
parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
	state facts which make the consent of the other parent unnecessary
DE L'ESCAPLANTE SATE L'ESCAPLANTE L'ESCAPLAN	State of Indiana HENDRICKS
LINE DE MONTO DE MONTO DE LA CONTRACTOR DE	County of HENDRICKS ss:
— Father	Signed Father
— Mother	Asigned Moseen M-Brewer Mother
Clerk	Subscribed and sworn to before me this 15 day of 0, 1990
WILLIER OF COURT A	CIGIA
County	marriage license having been refused to the above named parties, the  Court, by written order issued
additionizes and directs tile is	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	
I certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-16-90, authorizing the marriage of DEW	AVNE CARSON PARK
RONDA JO BREWER	and.
I further certify that the following marriage certificate was filed in my off	ine
I,	n 8-18-90 (data) at
HENDRICKS County, Indiana, DEWAYNE CARSON	PARK of County
IN(state), andRONDA JO BREWER	
(state) were married by me as authorized to	of HENDRICKS County, under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 8-	-18-90
Signed by: /s/ DENVER J. NIEMEIER , PREACHER	
Filed and recorded in accordance with the laws of the State of Indiana on _	8-20-90
	(unic).
	ignedClerk
AFML/PD1	HENDRICKS Circuit Court

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

No.	467
File	
	8-15.90

Date of Application

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 ADDITIONAL
Name First _ Middle , Qast /	Name RONAR JOHNSON BREWER
Date of Birth Month Day Year 3	Date of Birth Monthy Day 2 Year 2
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State HENDRICKS IN	Residence Address Street or R.R./ Street or R.R./ State Sounty State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: Birth Certificate  Other (Specify)	Date of birth verified by: Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No      Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?     No Yes       Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children N/A
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's ARRY Edward Park	7. (a) Full name of applicant's JAMES ROLLAND BREWER SR.
Residence of father (if deceased, so state) 3544 Anolinum Koad, PHId, LN	Residence of father (if deceased, so state) Sq SMAdisi N St PIFID, IN
(b) Full maiden name of applicant's SARAK Joyce Bercious	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's Management of applicant's Management of applicant's Management of applicant of a positive or foreign country)
Residence of mother (if deceased, so state) 3544 Judiann Rind, PHO II	mother NOREEN MARIE VEITZ
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) 3 43 ///Ad/Sex ST. P/F/A, L/V  Birthplace of mother (State or foreign country) // // // // // // // // // // // // //
ACKNOWLEDGMENT	ACKNOWLEDGMENT
ewayne of the me	give my consent for Ronda J. Brewer, Daughte Name & Relationship  Carson Park  Signature of Parent or Guardian James R. Brewer  Barbara J. Sawyer  NOTARY PUBLIC  8-15-90 DATE Hendricks COUNTY  res: 2-12-93 Resident of Hendricks County, IN  DATE
COMF . ORDER OF COURT. A	marriage license having been refused to the above named parties, the  Court, by written order issued
and fil authorizes and directs the is	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-16-90 , authorizing the marriage of DEW	AYNE CARSON PARK and
RONDA JO BREWER	
I further certify that the following marriage certificate was filed in my of	
I, DENVER J. NIEMEIER (name), certify that of	in 8-18-90 (date), at PLAINFIELD in
HENDRICKS County, Indiana, DEWAYNE CARSON  IN (state), and RONDA JO BREWER	
(State), and NONDA OF BREWER	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 8	-18-90
Signed by: /s/ DENVER J. NIEMEIER , PREACHE	
Filed and recorded in accordance with the laws of the State of Indiana on _	9 20 00
AFML/PD 1	HENDRICKS
	HENDRICKS Circuit Court

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS 8-15-90 Date of Application \_ County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Name First Middle Past	FEMALE APPLICANT
Date of Birth Month CARSON PARK	Name RONAR JO BREWER
Place of Birth (State or foreign country)	Date of Birth Month, Day Year 2
Residence Address: Street or B.D.	Place of Birth (State or foreign country)
Hesidence Address Street or R.R. City County State Hendricks IN	Residence Address Street or R.R./ Sily County / State /
Previous Marital Status: Never Married, OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	
Date of birth verified by: Birth Certificate   Other (Specify)	Last Marriage Ended By: Death Divorce Annulment
	Date of birth verified by: Birth Certificate   Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Z
If answer is "yes," has the adjudication been removed?  No Yes   Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?
3. Are you now under the influence of an electric beautiful.	2. Are you related to the male applicant closer than second cousin?
A. Are you now under the influence of a narcotic drug?	Are you now under the influence of an alcoholic beverage?  No  Ye  Are you now under the influence of an alcoholic beverage?  No  Ye
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No Ye  1. List the full names of any dependent children.  No Ye  No Ye
A STATE OF THE STA	
6. (a) Full name of father of dependent children	6. (a) Full name of father
Residence of father (if deceased, so state)	of dependent children NA
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother
Residence of mother (if deceased, so state)	of dependent children
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
(a) Full name of applicant's ( )	7. (a) Full name of applicant's
Residence of father (if deceased, so state) 35 44 Inchana Road, PHID IN	father SAMES KOLLAND BREWER S
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) 545 MAdison St PIFID
(b) Full maiden name of applicant's	Birthplace of father (State or foreign country)
mother SHRAM JOYCE DROCIOUS	(b) Full maiden name of applicant's NOREEN MARIE DEITZ
Residence of mother (if deceased, so state) 3544 Indiana Real, PHOIN  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) 545 MAdison St. PH)
Situation (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
1, HARRY E. PARK give my consent to marry Rond A Brewer.	
Subscribed before	Pack of Parent or Guardian  n  BLIC  TY
Subscribed before me Latricia and to	Pack Of Parent or Guardian  BLIC  TY  County, I
Subscribed before me Patricia Onio to Sug 15,1990 DATE New	Parent or Guardian  Parent or Guardian  BLIC  TY  County,
Subscribed before me Patricia Onio to Sug 15,1990 DATE New	Parent or Guardian  Parent or Guardian  BLIC  TY
Subscribed before me Patricia Onio to Sug 15,1990 DATE New	Parent or Guardian  Parent or Guardian  BLIC  TY  County,
Subscribed before me Patricia and to Aug 15,1990 DATE See	Parent or Guardian  BLIC  TY  DATE Aug 15, 1996
Subscribed before me Patricia Onio to County Signature of Signature of Signature of Signature of County Signature of Signa	Parent or Guardian  BLIC  TY  S County,  DATE Leg 15,1996  marriage license having been refused to the above named parties, the
Subscribed before me Patricia Onio to County Signature of Signature of Signature of Signature of County Signature of Signa	Parent or Guardian  BLIC  TY  S County,  DATE Leg 15,1996  marriage license having been refused to the above named parties, the
Subscribed before me latricia Const to County  Clerk  MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage in authorizes and directs the issuence of the county	Def Parent or Guardian  BLIC  TY  County,  DATE  County,  Darriage license having been refused to the above named parties, the parties of a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE
Subscribed before me latricia Const to County  CLERK  MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage in authorizes and directs the issuence of the county	Parent or Guardian  BLIC  TY  County,  DATE  County,  Darriage license having been refused to the above named parties, the  Court, by written order issued  Jance of a marriage license to the above named parties.  IND MARRIAGE CERTIFICATE  The of the Circuit County
Subscribed before me Latrusia Count to County  CLERK  MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A magnifiled in authorizes and directs the issuence of the county of the coun	Parent or Guardian  BLIC  TY  County,  DATE  Court, by written order issued  Jance of a marriage license to the above named parties, the Jance of a marriage license to the above named parties.  IND MARRIAGE CERTIFICATE  The of the Circuit Court of  HENDRICKS  County Indicates  County Indicates  County Indicates  County Indicates  County Indicates
Subscribed before me latricia Comb for Signature of Signa	Parent or Guardian  BLIC  TY  County,  DATE  Court, by written order issued  Jance of a marriage license to the above named parties, the Jance of a marriage license to the above named parties.  IND MARRIAGE CERTIFICATE  The of the Circuit Court of  HENDRICKS  County Indicates  County Indicates  County Indicates  County Indicates  County Indicates
Subscribed before me Latrician Count to Signature of CLERK  MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage in the county authorizes and directs the issuence of the county authorizing the marriage of the county authorizing the county authorized the	DATE South or Guardian  DATE South of Parent or Guardian  DATE South of Sou
Subscribed before me Latrusian County  CLERK  MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A magnification of the county authorizes and directs the issuence of the county authorizes and directs the issuence of the county authorizes and directs the issuence of the county authorizing the marriage of the clear of the county authorizing the marriage of the county authorized the county authorize	DATE County, Indiana County, Indiana County, Indiana County, Indiana County of the Circuit Court of HENDRICKS  DATE County, Indiana County, In
Subscribed before me Latrusia Connected Signature of CLERK  MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A magnification of the county authorizes and directs the issuence of the county authorizes and directs the issuence of the county authorizing the marriage of the clear of the county authorizing the marriage of the clear of the certify that the following marriage certificate was filed in my officed the certify that the following marriage certificate was filed in my officed the certify that the following marriage certificate was filed in my officed the certify that the following marriage certificate was filed in my officed the certify that the following marriage certificate was filed in my officed the certify that the following marriage certificate was filed in my officed the certify that the following marriage certificate was filed in my officed the certify that the following marriage certificate was filed in my officed the certify that the following marriage certificate was filed in my officed the certify that the following marriage certificate was filed in my officed the certify that the following marriage certificate was filed in my officed the certify that the following marriage certificate was filed in my officed the certificate was filed in my office	Parent or Guardian  BLIC  TY  County, I  DATE  Court, by written order issued  Jance of a marriage license to the above named parties.  IND MARRIAGE CERTIFICATE  Trk of the Circuit Court of  HENDRICKS  County, Indiana,  The Carson Park  A St. 18.00 (data) at
Subscribed before me Catricia Connected  CLERK  MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A magnified in authorizes and directs the issuence of the county authorizes and directs the issuence of the county authorizes are directs to the county authorizes are directs to the county authorizes are directs to the county authorizing the marriage of the clear authorizing the marriage of the county authorizing the marriage of the county authorizing the county authorizes and directs the issuence of the county authorizes and directs t	DATE Solutions to the above named parties, the solutions of a marriage license to the above named parties.  IND MARRIAGE CERTIFICATE  The solution of the Circuit Court of HENDRICKS County, Indianal and the carson park are carson park and the carson park and the carson park are carson park are carson park are carson park and the carson park are carson park
Subscribed before me Signature of Signature	Parent or Guardian  Parent or Guardian  BLIC  TY  COUNTY  DATE  COUNTY  DATE  COURTY  DATE  COUNTY  DATE  DATE  COUNTY  DATE  COUNTY  DATE  COUNTY  DATE  COUNTY  DATE  DATE  COUNTY  DATE  DATE  COUNTY  DATE  DATE  COUNTY  DATE  COUNTY  DATE  COUNTY  DATE  DATE  COUNTY  DATE  DATE  COUNTY  DATE  DATE  COUNTY  DATE  COUNTY  DATE  DATE  COUNTY  DATE  COUNTY  DATE  DATE  COUNTY  DATE  DATE  COUNTY  DATE  DATE  DATE  COUNTY  DATE  DATE  DATE  DATE  COUNTY  DATE  DA
Subscribed before me	Parent or Guardian  BLIC  TY  County, I  DATE
Subscribed before me	Parent or Guardian  BLIC  TY  S County, I  DATE  Court, by written order issued  Jance of a marriage license to the above named parties.  IND MARRIAGE CERTIFICATE  Trick of the Circuit Court of  HENDRICKS  HENDRICKS  County, Indiana,  ARK  Of  HENDRICKS  County, Indiana,  ARK  Of  HENDRICKS  County, Indiana,  ARK  Of  HENDRICKS  County,  Of  HENDRICKS  County,  County,  Of  HENDRICKS  County,  County,  Of  HENDRICKS  County,  Of  HENDRICKS  County,  County,  Of  HENDRICKS  County,  County,  Of  HENDRICKS  COUNTY,  OF  OF  HENDRICKS  COUNTY,  OF  OF  HENDRICKS  COUNTY,  OF  OF  HENDRICKS  COUNTY,  OF  OF  OF  OF  OF  OF  OF  OF  OF  O
Subscribed before me	Parent or Guardian  County, I  DATE  County, I  DATE  County, I  DATE  County, I  County, Indiana,  County, Indiana
Subscribed before me	Parent or Guardian  BLIC  TY  County, I  DATE  County, I  DATE  Court, by written order issued  Jance of a marriage license to the above named parties.  IND MARRIAGE CERTIFICATE  The CARSON PARK  Of  HENDRICKS  County, Indiana  The Carson Park  Th

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

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 8-1-90

Name of Physician Athar

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Middle Middle Last	Name Tanto Tiest Middle Last Last
Date of Birth Month Day (CYear)	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address/ Street or R.R. City County State	Residence Address Street or R.R. City County State
320) Willsey of plainfill &.	6532 12 Westfield, Shaplo I Jareon
Previous Marital Status: Never Married OR OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:	Date of birth verified by: Birth Certificate Pother (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🖸 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No      Yes
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin? No 🕽 yes 🗆	2. Are you related to the male applicant closer than second cousin? No 🗗 Yes 🗆
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □
4. Are you now under the influence of a narcotic drug? No     No    Yes □	4. Are you now under the influence of a narcotic drug? No 🗗 Yes 🗆
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent childrep	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden hame of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father Acust B. Rrures	7. (a) Full name of applicant's Aspert L. Merockemorton
Residence of father (if deceased, so state) Plainfield, &-	Residence of father (if deceased, so state) J. Beston, Zh.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Acycle A, Works	(b) Full maiden name of applicant's
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
AOMINI PROMETIT	
ACKNOWLEDGMENT  I acknowledge that I have received/information regarding/dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant \ \anuly anuly \lambda rury Date \$15/90	Signature of Applicant X Waxessa L. Throdomo don 8-15-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS () ss:   I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ) ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed X Lancel Ja hury	signed Laressad Throckmouton
New Address 6532 /2 West field Blood Shepts.	New Address Skink e
Subscribed and sworn to before me this	Subscribed and sworn to before me this
	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
SignedFather	
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	Court, by written order issued
THE RESIDENCE OF THE PARTY OF T	
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-15-90 , authorizing the marriage of DA	ANIEL J. DRURY and
VANESSA L. THROCKMORTON	
I further certify that the following marriage certificate was filed in my of	ffice
I,JAMES D. SPENCER (name), certify that	
IN (state), and VANESSA L. THROCKMO	of HENDRICKS County, ORTON Of MARION County
(state), and	
THE PROPERTY OF THE PROPERTY O	under a marriage license that was issued by the Clerk of the Circuit
ovany, maiana, dated	
Signed by:/s/ JAMES D. SPENCER, PLAINFIELD T	OWN CT JURAFficial designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-21-90 (date).
	Signed Some form Clerk

# 378

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

AFML/PD I

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

No	469	
File _		
- 110	0 15-0	24

Date of Application

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Name Penny Claine Smith
Date of Birth Month 12 Day 7 Year 70
Place of Birth (State or tereign country)
Residence Address Street or R.R. City Squpty / State
Previous Marital Status: Never Marrie OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?  No □ Yes □
2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes  Yes
4. Are you now under the influence of a narcotic drug?     No
6. (a) Full name of father
of dependent children
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)
7. (a) Full name of applicant's father Similarly Smith
Residence of father (if deceased, so state) Plujfield, In.
Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Claire Smith (maiden
Residence of mother (if deceased, so state) Planifield, In.
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 Langue Smith Date 8-15-90
Signature of Applicant Towns Once Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date
State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ) ss: in this application is true and correct.
signed Henry E. Smith
8 New Address 411 N. Br. F. P. P. O. IN 4 6 68
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 HENDRICKS ) ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of19
Clerk
Clerk
A marriage license having been refused to the above named parties, the  Court, by written order issued
. A marriage license having been refused to the above named parties, the
A marriage license having been refused to the above named parties, the  Court, by written order issued
A marriage license having been refused to the above named parties, the Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE
A marriage license having been refused to the above named parties, the  Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  e Clerk of the Circuit Court of HENDRICKS County, Indiana,
A marriage license having been refused to the above named parties, the Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE
A marriage license having been refused to the above named parties, the  Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  e Clerk of the Circuit Court of HENDRICKS County, Indiana,
A marriage license having been refused to the above named parties, the  Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  e Clerk of the Circuit Court of HENDRICKS County, Indiana,
A marriage license having been refused to the above named parties, the  Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  e Clerk of the Circuit Court of HENDRICKS County, Indiana,  TRAVIS DALE GARRITY and
A marriage license having been refused to the above named parties, the  Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  e Clerk of the Circuit Court of HENDRICKS County, Indiana,  TRAVIS DALE GARRITY and  office:  t on 8-25-90 (date), at PLAINFIELD in
A marriage license having been refused to the above named parties, the  Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  e Clerk of the Circuit Court of HENDRICKS County, Indiana,  TRAVIS DALE GARRITY and  of HENDRICKS County,  HENDRICKS County,  HENDRICKS County,  HENDRICKS County,  HENDRICKS County,
A marriage license having been refused to the above named parties, the  Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  e Clerk of the Circuit Court of HENDRICKS County, Indiana,  TRAVIS DALE GARRITY and  of HENDRICKS County,  of HENDRICKS County,  HENDRICKS County,  MENDRICKS County,  HENDRICKS County,  OF HENDRICKS County,  OF HENDRICKS County,
A marriage license having been refused to the above named parties, the  Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  e Clerk of the Circuit Court of HENDRICKS County, Indiana,  TRAVIS DALE GARRITY and  office:  t on 8-25-90 (date), at PLAINFIELD in  GARRITY of HENDRICKS County,  of HENDRICKS County,  d under a marriage license that was issued by the Clerk of the Circuit
A marriage license having been refused to the above named parties, the  Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  e Clerk of the Circuit Court of HENDRICKS County, Indiana,  TRAVIS DALE GARRITY and  of HENDRICKS County,  of HENDRICKS County,  HENDRICKS County,  MENDRICKS County,  HENDRICKS County,  OF HENDRICKS County,  OF HENDRICKS County,
A marriage license having been refused to the above named parties, the  Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  e Clerk of the Circuit Court of HENDRICKS County, Indiana,  TRAVIS DALE GARRITY and  office:  t on 8-25-90 (date), at PLAINFIELD in  GARRITY of HENDRICKS County,  of HENDRICKS County,  d under a marriage license that was issued by the Clerk of the Circuit
A marriage license having been refused to the above named parties, the  Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  e Clerk of the Circuit Court of HENDRICKS County, Indiana,  TRAVIS DALE GARRITY and  office:  t on 8-25-90 (date), at PLAINFIELD in  GARRITY of HENDRICKS County,  of HENDRICKS County,  d under a marriage license that was issued by the Clerk of the Circuit  17-90
A marriage license having been refused to the above named parties, the Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  e Clerk of the Circuit Court ofHENDRICKS

\_Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

File 8-15-90

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 \_

MALE APPLICANT	FEMALE APPLICANT
Name Michael Middle Hast	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married DC OR	
THE RESIDENCE OF THE PARTY OF T	The state of the s
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 📜 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 1/2 Yes
If answer is "yes," has the adjudication been removed?  No Yes	If answer is "yes," has the adjudication been removed?  No □ Yes □
<ol> <li>Are you related to the female applicant closer than second cousin?</li> <li>No ♥ Yes □</li> <li>Are you now under the influence of an alcoholic beverage?</li> <li>No ♥ Yes □</li> </ol>	2. Are you related to the male applicant closer than second cousin? No   Yes □  3. Are you now under the influence of an alcoholic beverage? No □  Yes □
4. Are you now under the influence of a narcotic drug? No 🖫 Yes 🗆	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Ladrick La Hadley	7. (a) Full name of applicant's father Sauce Ward.
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Brown along That
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Postona Ing. Magn	(b) Full maiden name of applicant's Marily Mas Johns
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Michael a Hodley Date	Signature of Applicant Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS  Ss:  I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
Signed & Michael a. Hodley	
New Address	Signed Soul Suc Word  New Address
Subscribed and sworn to before me this 15 day of Que 1990	Subscribed and sworn to before me this15 day of
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of)
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of 19	Signed Mother Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated	CHAEL A. HADLEY and
CONNIE S. WARD	
I further certify that the following marriage certificate was filed in my of	ffice:
그리고 그리는 것이 없는 것이 없는 사람들이 있다면 사람들이 없는 것이 없었다. 그리고 그리고 있는 것이 없는 사람들이 없다면	on SEPT. 1, 1990 (date), at BROWNSBURG, IN in
HENDRICKS County, Indiana, MICHAEL A. HADLI	
INDIANA (state), and CONNIE S. WARI	
Court of (State) were married by me as authorized County, Indiana, dated SEPT.	under a marriage license that was issued by the Clerk of the Circuit 1, 1990
country, marana, dated	
	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	SEPT. 4, 1990 (date).
	Signed Connu Hawson Clerk
AFML/PD 1	HENDRICKS Circuit Court

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

Aug. 15, 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 An. Favr

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Plast	Name First he Middle Last
Date of Birth Month Day, Year	Date of Birth Mighth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address, Street or R.R. City & County State	Residence Address Street or R.R. City a County State
450 lane seen to Sexington try.	9485 W. 21 st St. Maple. In. 4623
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify)   Aunually	-Date of birth verified by: Birth Certificate & Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves	Are you now or have you ever been adjudged to be of unsound mind? Not□ Yes □
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?  No □ Yes □
2. Are you related to the female applicant closer than second cousin? No 🖽 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No 🖾 Yes 🗆
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No V	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Many las Poplin	7. (a) Full name of applicant's
Residence of father (if deceased, so state) Sections To	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother flesse fouce ferningson	mother Norma Marline Sevaira
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant are Darger Role Date 8/15/90	Signature of Applicant Vish & Joses Date 8/15/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct.
	1 1 1
Signed Lie Daylers Figur	Signed Just days Joses
Subscribed and sworn to before me this 15 day of 1910	New Address 3751 Applion Way # 236 Lexington
Christ Justin Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 25 day of 49 19 9 Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	county or
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the
nd filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
	HENDRICKS
certify that there was filed in my office a marriage license issued by the	
lated $g-15-90$ , authorizing the marriage of ER	RIC DOUGLAS POPLIN and
VICKI LYNN JONES	
further certify that the following marriage certificate was filed in my o	office:
	on 8-18-90 (date), at DANVILLE in
HENDRICKS County, Indiana, ERIC DOUGLAS  KY	MARION
(state), andVICKI LYNN_J	OI County,
	d under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 8-15	-90
Signed by: /s/ S. V. STILES PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	SignedClerk
	HENDBICKE

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

S-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.

Medical Examination or Report Dated Name of Physician Manyord

MALE APPLICANT	FEMALE APPLICANT
Name Steven Middle Chardler	Name Any First Joann Land
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
70	IN
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married 🔂 OR	Previous Marital Status: Never Married DOR
CANADA PARA DE MANAGEMENTA DE LA CASA DEL CASA DE LA CASA DEL CASA DE LA CASA DEL CASA DELA CASA DEL CASA DEL CASA DELA CASA DEL CASA DEL CASA	Lest Marriage Ended Buy Dooth C. Diverse C. Annulment C.
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate  Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ↓ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No 1/2 Yes □
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 🗘 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No Ø Yes □
3. Are you now under the influence of an alcoholic beverage? No 🐞 Yes 🗆	3. Are you now under the influence of an alcoholic beverage? No □ Yes □
4. Are you now under the influence of a narcotic drug? No 🖒 Yes 🗆	4. Are you now under the influence of a narcotic drug? No 🌣 Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
i. (a) Full name of father	6. (a) Full name of father of dependent children
of dependent children	Residence of father (if deceased, so state)
Residence of father (if deceased, so state)	Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)	(b) Full maiden name of mother
(b) Full maiden name of mother of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
(a) Full name of applicant's Shandler	7. (a) Full name of applicant's
3	father Republic Cond
Residence of father (If deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State of foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Many for Mortin	(b) Full maiden name of applicant's Debug Q. Wool
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant X Steven F. Charaller Date 8-16-90	
Signature of Applicant X Steven 1. Chandles Date 8-16-70	Signature of Applicant Lamy Jan Land Date 8-16-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana  HENDRICKS  ) ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana HENDRICKS ) ss:   I swear/affirm that the information given
	County of
Signed & Steven R. Chamillon	signed & amy grain Land
New Address	New Address
Subscribed and sworn to before me this 16 day of Day, 1990	Subscribed and sworn to before me this 16 day of and 180
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of)
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana
	Clerk of the Circuit Court of county, indiana
dated	PEVEN P. CHANDLER and
AMY J. LAND	
I further certify that the following marriage certificate was filed in my o	ffice:
I, (name), certify that	
HENDRICKS County, Indiana, STEVEN P. CHAN	HENDELCKE
IN (state), and AMY J. LAND	of HENDRICKS County
IN (state) were married by me as authorized	under a marriage license that was issued by the Clerk of the Circu
Court of HENDRICKS County, Indiana, dated	
	TY CLERK (official designation)
Signed by: /S/ CONNIE TATE	
	(ornicial designation)
Filed and recorded in accordance with the laws of the State of Indiana or	
	8-24-90 (date).
	8-24-90 (date).

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

8-16-90 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 \_

HENDRICKS

\_Circuit Court

	FEMALE APPLICANT
Name First Middle Last	Name Rist Middle Last Robbins
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married D OR	1751 Wycklad & didgle.
	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: □ Birth Certificate □ Other (Specify)	Date of birth verified by: Birth Certificate (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No T Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 💢 Yes I
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes
2. Are you related to the female applicant closer than second cousin? No 💢 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No 10 Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No Yes I
4. Are you now under the influence of a narcotic drug?  No □ Yes □  5. List the full names of any dependent children	4. Are you now under the influence of a narcotic drug?  No X Yes
o. Lecture tall harries of any dependent children.	5. List the full names of any dependent children. Lych Alan
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of mother	Birthplace of father (State or foreign country)(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's John Richard Anni Co.	7. (a) Full name of applicant's Salar Shares
Residence of father (if deceased) so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's former Mas. Mintain	(b) Full maiden name of applicant's
Residence of mother (if deceased, so state)	mother Margaret fuelle to
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
Signature of Applicant & Danne W- Line Date 8-16-90	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James program Date 8-76-70	Signature of Applicant Som Cyothers Date 8-16-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs.
	Clerk of Court Date
State of Indiana  HENDRICKS  Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.
Signed & Damo W. Lem	
New Address	Signed Som Sobbus
Subscribed and sworn to before me this day of 19	New Address SAME NS ABOVE
Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of, 19  Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary  State of Indiana  HENDRICKS  ss:	State of Indiana HENDRICKS
state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  ss:	State of Indiana HENDRICKS
Signed Father	State facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS ) ss:  Signed — Father
State of Indiana HENDRICKS ) ss:  Signed Father Signed Mother	State of Indiana HENDRICKS ) ss:  Signed Father Signed Mother
tate facts which make the consent of the other parent unnecessary  tate of Indiana HENDRICKS ) ss:  Signed Father Signed Mother	State of Indiana HENDRICKS ) ss:  Signed Father Signed Mother Subscribed and sworn to before me this day of 19
state facts which make the consent of the other parent unnecessary    State of Indiana   HENDRICKS   Signed   Father   Signed   Mother   Mother   Ubscribed and sworn to before me this   day of   19   Clerk	State of Indiana HENDRICKS  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk
state facts which make the consent of the other parent unnecessary    State of Indiana   HENDRICKS   Signed   Father   Signed   Mother   Mother   Signed   Clerk   Complete IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	State of Indiana HENDRICKS  State of Indiana HENDRICKS  Signed
tate facts which make the consent of the other parent unnecessary  tate of Indiana HENDRICKS  Signed Father Signed Mother  ubscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	State of Indiana HENDRICKS  State of Indiana HENDRICKS  Signed
tate facts which make the consent of the other parent unnecessary  tate of Indiana HENDRICKS  Signed Father Signed Mother  ubscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County authorizes and directs the is	State of Indiana HENDRICKS  Signed Father Signed Mother Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued ssuance of a marriage license to the above named parties.
tate of Indiana HENDRICKS  Signed Father Signed Mother  ubscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County authorizes and directs the issued in the content of the other parent unnecessary  Father  Mother  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  RETURN OF MARRIAGE LICENSE	State of Indiana HENDRICKS  State of Indiana HENDRICKS  Signed Father Signed Mother Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Subscribed and an arriage license to the above named parties.  E AND MARRIAGE CERTIFICATE
tate of Indiana HENDRICKS  Signed Father Signed Mother  ubscribed and sworn to before me this day of Mother  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County Authorizes and directs the is  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that the marriag	State of Indiana HENDRICKS  State of Indiana HENDRICKS  Signed
tate of Indiana HENDRICKS  Signed Father Signed Mother  ubscribed and sworn to before me this day of Mother  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County Authorizes and directs the is  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that the marriag	State of Indiana HENDRICKS  State of Indiana HENDRICKS  Signed
tate of Indiana HENDRICKS  Signed Father Signed Mother  ubscribed and sworn to before me this day of Mother  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County Authorizes and directs the is  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that there was filed in my office a marriage license issued by the Certify that the marriag	State of Indiana HENDRICKS  State of Indiana HENDRICKS  Signed
tate of Indiana HENDRICKS   Ss:  Signed	State of Indiana HENDRICKS  Signed Father Signed Mother Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued ssuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, DAVID WAYNE IRVIN and.
tate of Indiana HENDRICKS    Signed	State of Indiana HENDRICKS  State of Indiana HENDRICKS  Signed Father Signed Mother Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued suance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, DAVID WAYNE IRVIN and.
tate of Indiana HENDRICKS ) ss:    Signed	State of Indiana HENDRICKS  Signed Father Signed Mother Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued ssuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, DAVID WAYNE IRVIN and.  DAVID WAYNE IRVIN And.  BROWNSBURG in
size of Indiana HENDRICKS   Ss:    Signed	State of Indiana HENDRICKS  Signed Father Signed Mother Subscribed and sworn to before me this day of Pour Clerk  A marriage license having been refused to the above named parties, the Subscribed and sworn to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, DAVID WAYNE IRVIN and MENDRICKS County, Indiana, Mender of Mender
Signed	State of Indiana HENDRICKS State of Indiana HENDRICKS Signed Signed Mother Signed Mother Subscribed and sworn to before me this day of Mother Subscribed and sworn to before me this day of Subscribed and swo
State of Indiana HENDRICKS ) ss:  Signed	State of Indiana HENDRICKS State of Indiana HENDRICKS Signed Signed Signed Subscribed and sworn to before me this day of Subscribed and sworn to before me this
State of Indiana HENDRICKS ) ss:  Signed	State of Indiana HENDRICKS State of Indiana HENDRICKS Signed Signed Signed Subscribed and sworn to before me this day of Subscribed and sworn to before me this
state of Indiana HENDRICKS ) ss:    Signed	State of Indiana HENDRICKS State of Indiana HENDRICKS Signed HENDRICKS Signed Hendricks Signed Hendricks Signed Hendricks Hendricks Hendricks Subscribed and sworn to before me this day of Hendricks Hendricks County, Indiana, Subscribed and sworn to before me this Hendricks County, Indiana, Subscribed and sworn to before me this day of Hendricks County, Indiana, Hendricks County, Indiana, Subscribed and Subsc
Signed HENDRICKS Signed Father Signed Mother Signed Mother Subscribed and sworn to before me this day of 19.  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County authorizes and directs the issued in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County authorizing the marriage of ROBIN RENEE' ROBBINS  further certify that the following marriage certificate was filed in my office and marriage of the certify that the following marriage certificate was filed in my office and marriage of the certify that the following marriage certificate was filed in my office and marriage of the certify that the following marriage certificate was filed in my office and marriage of the certify that the following marriage certificate was filed in my office and marriage of the certify that the following marriage certificate was filed in my office and marriage of the certify that the following marriage certificate was filed in my office and marriage of the certify that the following marriage certificate was filed in my office and marriage of the certify that the following marriage certificate was filed in my office and marriage of the certify that the following marriage certificate was filed in my office and marriage of the certify that the following marriage certificate was filed in my office and marriage of the certify that the following marriage certificate was filed in my office and marriage of the certify that the following marriage certificate was filed in my office and marriage of the certify that the following marriage certificate was filed in my office and marriage of the certify that the following marriage certificate was filed in my office and marriage of the certify that the following marriage certificate was filed in my office and marriage of the certify that the following marriage certificate was filed in my office and marriage of the certify that the following marriage certificate was filed in my office and marriage of the certify that th	State of Indiana HENDRICKS   Signed   Father Signed   Mother Subscribed and sworn to before me this   day of   19   Clerk A marriage license having been refused to the above named parties, the Court, by written order issued ssuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of   HENDRICKS   County, Indiana, DAVID WAYNE IRVIN   and    In   9-8-90   (date), at   BROWNSBURG   in    HENDRICKS   County, Indiana,    MARION   County, Indiana,    MAR
State of Indiana HENDRICKS ) ss:  Signed Father Signed Mother industrial state of Indiana HENDRICKS ) ss:  Signed Mother Mother Signed Mother	State of Indiana HENDRICKS  Signed Father Signed Mother Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued ssuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,  DAVID WAYNE IRVIN and  TIN of HENDRICKS County,  TIN of HENDRICKS County,  TIN Of MARION County,  TIN Of MARION County,  TIN Of MARION County,  TINS of MARION County,  TINS of MARION County,  TUN Under a marriage license that was issued by the Clerk of the Circuit 8-90  STOR (official designation)

\_Circuit Court

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

File 8-17-90
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

Medical Examination or Report Dated

MALE APPLICANT	FEMALE APPLICANT
Name Charles Middle Last	Name Misselle Middle Middle Mession
Date of Birth Month, Day Year	Date of Birth Month Day 7 Year 3
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address/ Street or R.R. City County State
9199 Beam Rd Scenoulle Oh.	223 South Rook 300 F Donuelle
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: Birth Certificate  Other (Specify)	Date of birth verified by: Birth Certificate
1. Are you now or have you ever been adjudged to be of unsound mind? No  Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
2. Are you related to the female applicant closer than second cousin? No Yes   3. Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's a Ree Young	7. (a) Full name of applicant's father Falker Merrion
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
Residence of mother (if deceased, so state) Ansonia oh:	mother stands again this
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	Distributed of motifer (diate of foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the jest sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndromet?	immune deficiency syndrome).
Signature of Applicant Poarcles Lang Date 8-17-90	Signature of Applicant Michelle A. Murim Date 8/17/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.
	[10] [11] 전 10 [12] (12] (12] (12] (12] (12] (12] (12] (
Signed SAME	Signed Michelle A. Merrim
New Address Subscribed and sworn to before me this 17 day of aug., 1990	New Address 7/99 Beam Rd. Greenville, OH 45.33 Subscribed and sworn to before me this 17 day of Queg. 1978
Cannie diesen Clerk of the HENDRICKS Circuit Court	Crane dame Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of)
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	issuance of a marriage license to the above named parties.
DETIDNOE MADDIACE LICENC	E AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENS	그 이 가는 사람들이 아니다 그 집에 걸어 보면 하면 그들은 그들은 그들이 되었다.
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
I certify that there was filed in my office a marriage license issued by the	Cierk of the Circuit Court ofCounty, Indiana,
I certify that there was filed in my office a marriage license issued by the dated	Cierk of the Circuit Court ofCounty, Indiana,
I certify that there was filed in my office a marriage license issued by the dated	CHARLES DANIEL YOUNG and
I certify that there was filed in my office a marriage license issued by the dated	CHARLES DANIEL YOUNG and.
I certify that there was filed in my office a marriage license issued by the dated	CHARLES DANIEL YOUNG and
I certify that there was filed in my office a marriage license issued by the dated	CHARLES DANIEL YOUNG and  charles daniel young and  ffice:  on 8-18-90 (date), at DANVILLE in  OUNG of DARKE County,
I certify that there was filed in my office a marriage license issued by the dated	CHARLES DANIEL YOUNG and.  charles daniel young and.  ffice:  on8-18-90 (date), atDANVILLE in
I certify that there was filed in my office a marriage license issued by the dated	CHARLES DANIEL YOUNG and  office:  on8-18-90
I certify that there was filed in my office a marriage license issued by the dated	CHARLES DANIEL YOUNG and  CHARLES DANIEL YOU
I certify that there was filed in my office a marriage license issued by the dated	CHARLES DANIEL YOUNG and  ffice:  on8-18-90
I certify that there was filed in my office a marriage license issued by the dated	CHARLES DANIEL YOUNG  and  CHARLES DANIEL YOUNG  on 8-18-90 (date), at DANVILLE in  OUNG of DARKE County,  ON of HENDRICKS County,  under a marriage license that was issued by the Clerk of the Circuit  9-28-90 (official designation)
I certify that there was filed in my office a marriage license issued by the dated	CHARLES DANIEL YOUNG and  CHARLES DANIEL YOU

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Silving Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Middle Sincell	Name First Middle Shadwick
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married To OR
Last Marriage Ended By: Death □ Divorce 🖾 Annulment □	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by:   Birth Certificate  Other (Specify)
Date of birth verified by:	Date of birth verified by: District Certificate of Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No \$\forall \text{Yes} \square	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?  No □ Yes □
<ol> <li>Are you related to the female applicant closer than second cousin?</li> <li>No          ✓ Yes □</li> <li>Are you now under the influence of an alcoholic beverage?</li> <li>No Ø Yes □</li> </ol>	<ol> <li>Are you related to the male applicant closer than second cousin?</li> <li>No          ✓ Yes □</li> <li>Are you now under the influence of an alcoholic beverage?</li> <li>No          ✓ Yes □</li> </ol>
Are you now under the influence of an alcoholic beverage?     No □ Yes □     Are you now under the influence of a narcotic drug?     No □ Yes □	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Dustin Tristin	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's tather Through Second	7. (a) Full name of applicant's South Stadework
Residence of father (if deceased, so state) Hand Mennerle &A	Residence of father (if deceased, so state) Pyd Did.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Now Morie Bankingle	(b) Full maiden name of applicant's course & Year &
Residence of mother (if deceased, so state)	morner
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOW EDOMENT
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 8/17/90	Signature of Applicant X Sanny & Shadud Date 8-17-90
Signature of Applicant	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Signed	signed Daning & Shadwick
New Address	New Address
Subscribed and sworn to before me this 17 day of 2 1990	Subscribed and sworn to before me this 17 day of Quantum 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated	JETT D. SIMRELL and
TAMMY S. SHADWICK	
I further certify that the following marriage certificate was filed in my of	
(name), certify that	on (date), at m
HENDRICKS County, Indiana, JETT D. SIMRELL	
IN(state), andTAMMY S. SHADWICK	of HENDRICKS County
	under a marriage license that was issued by the Clerk of the Circui
Court of HENDRICKS County, Indiana, dated 9-	
Signed by: /s/ JOHN NEES PASTOR	(official designation)
	10-2-90
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed Christofaura Clerk
	HENDRICKS

Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

File 8.17.90 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.

Medical Examination or Report Dated Name of Physician & Tombio

MALE APPLICANT	FEMALE APPLICANT
Name Robert Middle Molloy	Name Bornie Middle Mitchell
Date of Birth Month Pay Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R., City County State
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death 🖒 Divorce □ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate **Q Other (Specify) **Dr. Rio.**.
Are you now or have you ever been adjudged to be of unsound mind? No Y Yes	Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No TS. Yes	2. Are you related to the male applicant closer than second cousin? No Y Yes
<ul> <li>3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □</li> <li>4. Are you now under the influence of a narcotic drug? No ♥ Yes □</li> </ul>	Are you now under the influence of an alcoholic beverage?      No      Yes      Are you now under the influence of a narcotic drug?  No      Yes
5. List the full names of any dependent children formance, Mally, Mike &	5. List the full names of any dependent children.
Themas, gold, Kenny	- Vancy
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of mother	Birthplace of father (State or foreign country)
of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's
father — Gold Liebnar Molley  Residence of father (if deceased, so state) Daggard	tather Dallace Maraner
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother hand the same of applicant's	(h) Full maiden name of applicant's
Residence of mother (if deceased, so state) Ludyle. Quid.	mother
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
l acknowledge that I have received information regarding 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 Rolling Date 8-17-90	I acknowledge that I have received information regarding 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  Outgal7
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
Signed X R. M. mollay Ir.	Signed & Bonnie J. Mitchell
New Address 603 N 50 E RD	New Address 6Q3 N 50 E RA
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this 17 day of age 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	Court, by written order issued
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	
dated, authorizing the marriage of	ROBERT M. MOLLOY and
BONNIE MITCHELL	
I further certify that the following marriage certificate was filed in my of	
I, C. S. CHESEBROUGH (name), certify that	
	of HENDRICKS County,
	of HENDRICKS County,
Court of (state) were married by me as authorized County, Indiana, dated 9	under a marriage license that was issued by the Clerk of the Circuit
count of county, indiana, dated	
	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-5-90 (date).
	Signed Some Towson Clerk
AFML/PD I	HENDRICKS Circuit Court

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Annue Tarmer	Name First & Middle Last Norm!
Date of Birth Month Day Year	Date of Birth Month Day 2 / Year, O
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address   Street or R.R.   City   County   State	Residence Address Street or R.R. City2 County H States
3599 (won ta flainfield for.	160 Helisallun Ct, andplo, 462
Previous Marital Status: Never Married OR OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: Deirth Certificate Dother (Specify)	Date of birth verified by:
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆	1 Are you now or have you gray been adjudged to be of warened along the San
If answer is "yes," has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes   If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No D Yes D	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ✓ Yes □	4. Are you now under the influence of a narcotic drug? No ☐ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children. Josephyn Celeste
Josephyn Celecte Hurmer	
6. (a) Full name of father of dependent children	6. (a) Full-name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden hame of mother of dependent children	(b) Full maider name of mother
Residence of mother (if deceased, so state)	of dependent children  Residence of mother (if decessed so state)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant ()	7. (a) Full name of applicant's
father Wydl A prince Harmer	father Charge
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	Birthplace of father (State or foreign country)
mother why athlem thooms	(b) Full maiden name of applicant's Vialet While
Residence of mother (if deceased so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant & Goon Rannie Farmer Date	immune deficiency syndrome),
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana	State of Indiana
County of HENDRICKS in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
Signed Sgnor Ronnie Furner New Address	Signed Sill annette Tor
New Address	New Address
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 19
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs.
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS	
County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court by written order issued
and filed in, authorizes and directs the i	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the (	CL L ALL CL L C HENDRICKS
lated8-17-90, authorizing the marriage ofJAS	SON R. FARMER and
JILL ANNETTE DORN	
further certify that the following marriage certificate was filed in my of	fice:
	on 8-17-90 (date), at DANVILLE in
HENDRICKS County, Indiana, JASON R. FARMER	on 8-17-90 (date), at DANVILLE in HENDRICKS
County, Indiana, STAGE AT THATTAKE IN (state), and JILL ANNETTE DOF	en uninpercus
(State), and State Thirties Box	ofCounty.
(State) were married by me as authorized the HENDRICKS	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated8-17-	
Signed by:/s/ CONNIE TATE,1ST_DEPUTY	CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on _	8-17-90
	(100)
	SignedClerk
FML/PD1	HENDRICKS Circuit Court

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

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.

Medical Examination or Report Dated Name of Physician Frad

MALE APPLICANT	FEMALE APPLICANT
Name Aretholic Middle Campbell	Name First A Middle Cooksey
Date of Birth Month Day Year, 9/27	Date of Birth Month Day 23 1947
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R., City County State	Residence Address Street or R.R., City, County State
135 Dosetick & Samille, to.	155 Doslick trawell on.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify)	Date of birth verified by:   Birth Certificate Other (Specify)
	1. Are you now or have you ever been adjudged to be of unsound mind? No Ves
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves   Yes	Are you now or have you ever been adjudged to be of unsound mind? No      Yes □     If answer is "yes," has the adjudication been removed?
If answer is "yes," has the adjudication been removed?  No  Yes   Are you related to the female applicant closer than second cousin?  No  Yes	2. Are you related to the male applicant closer than second cousin?
W. 5/ V. 5	3. Are you now under the influence of an alcoholic beverage? No Yes 🗆
Are you now under the influence of an alcoholic beverage?  No □ res □  Are you now under the influence of a narcotic drug?  No □ Yes □	4. Are you now under the influence of a narcotic drug? No ☐ Yes □
List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Kull name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Birthplace Of father (State or foreign country)
Birthplace of father (State or foreign country)	(b). Full maiden name of mother
(b) Full maiden name of mother of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (I( deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's April Lee Commendell	7. (a) Full name of applicant's Slaved Castery
Residence of father (if deceased, so state) Danvelle And	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother Cles Mettle Clemmons	mother Teggy Withur
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	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 8/17/90	Signature of Applicant Line Cooksly Date 8/17/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana  HENDRICKS  Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana  State of Indiana  HENDRICKS  I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.	County of
Signed X Ch Cody	Signed X Kinberly A Cooksey
New Address SAME	New Address Dane
Subscribed and sworn to before me this 12 day of and 1990	Subscribed and sworn to before me this day of
Clerk of the HENDRICKS Circuit Court	Comme Taussen Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana HENDRICKS ) ss:
State of Indiana HENDRICKS ) ss:	County of) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
지근 내가 가장 열어 가게 되었다. 내가 되었다면 가장 가장 하는 사람들이 되었다면 하는데	
dated 8-17-90 , authorizing the marriage of	CHRISTOPHER CAMPBELL and
KIMBERLY COOKSEY	
I further certify that the following marriage certificate was filed in my o	office:
I, BRYAN E. SOLOMON (name), certify that	
	CAMPBELL of HENDRICKS County,
	of HENDRICKS County,
	d under a marriage license that was issued by the Clerk of the Circui
HENDRICKS	
Court of County, Indiana, dated	
Signed by: /s/ BRYAN E. SOLOMON , MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana o	
	n 9-10-90 (date).
	(date).
	Signed

# 388

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS \_ County File 8-20-90
Date of Application

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name & First & Middle . Wist	Name amet Daylene Laste Long
Date of Birth Month Day , Tear , /	Date of Birth Month 4 Day 14 Year 68
1 1 66	Place of Birth (State or foreign cowatry)
Place of Birth (State of foreign country)	Buch kroay on.
Residence Address Steel or R.R. City & County State Selem In.	Residence Addressly Street or R.R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
	A STOREGO OF THE PERSON NAMED IN CONTRACT OF THE PERSON NAMED
Last Marriage Ended By: Death Divorce Annulment	
Date of birth verified by:   Birth Certificate  Other (Specify)	Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No   ✓ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ✓ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
3. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)	(b) Full maiden name of mother
(b) Full maiden name of mother of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7. (a) Full name of applicant's
father Perala Nate Wills	father
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's ann Wilson	(b) Full maiden name of applicantis wellens Wirry
Residence of mother (if deceased, so state) No. Salem, Sm.	Residence of mother (if deceased, so state) Brawnshing,
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding 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 Segony E. Wiles Date 8-20-90	Signature of Applicant Date 8-20-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Degony E. Wiles	Signed army D. De Long
New Address	
Subscribed and sworn to before me this 20 4 day of Quy 1978	Subscribed and sworn to before me this 20 day of and 1990
Subscribed and sworn to before me this 20 day of Cug 1970  Cravic Kausan Clerk of the HENDRICKS Circuit Court	Connie Liven Clerk of the HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ss:
County of	County of
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
	MENDRICUS
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court ofCounty, Indiana,
dated	GREGORY EDWIN WILES and.
AMY DARLENE DELONG	
CONTRACTOR OF THE RESIDENCE OF THE PARTY OF	ffice:
I further certify that the following marriage certificate was filed in my o	
I further certify that the following marriage certificate was filed in my of the property of t	on8-25-90
I further certify that the following marriage certificate was filed in my o	on 8-25-90 (date), at INDPLS in HENDRICKS County,
I further certify that the following marriage certificate was filed in my of the property of t	on 8-25-90 (date), at INDPLS in HENDRICKS County,
I further certify that the following marriage certificate was filed in my of the second of the secon	on 8-25-90 (date), at INDPLS in HENDRICKS County, ONG of HENDRICKS County,
I further certify that the following marriage certificate was filed in my of the following marriage certificate was filed in my of the file of the fil	on 8-25-90 (date), at INDPLS in HENDRICKS County, ONG of HENDRICKS County, I under a marriage license that was issued by the Clerk of the Circuit
I further certify that the following marriage certificate was filed in my of the following marriage certificate was filed in my of the file of the fil	on 8-25-90 (date), at INDPLS in HENDRICKS County, ONG of HENDRICKS County, I under a marriage license that was issued by the Clerk of the Circuit 8-21-90
I further certify that the following marriage certificate was filed in my of the state of the st	on 8-25-90 (date), at INDPLS in HENDRICKS County, ONG of HENDRICKS County, I under a marriage license that was issued by the Clerk of the Circuit 8-21-90
I further certify that the following marriage certificate was filed in my of the second of the secon	on 8-25-90 (date), at INDPLS in HENDRICKS County, ONG of HENDRICKS County, I under a marriage license that was issued by the Clerk of the Circuit 8-21-90  ER (official designation)
I further certify that the following marriage certificate was filed in my of the state of the st	on 8-25-90 (date), at INDPLS in HENDRICKS County, of HENDRICKS County, dunder a marriage license that was issued by the Clerk of the Circuit 8-21-90  ER (official designation)  n 8-28-90 (date).
I further certify that the following marriage certificate was filed in my of the following marriage certificate was filed in my of the file of the fil	on 8-25-90 (date), at INDPLS in HENDRICKS County, ONG of HENDRICKS County, Under a marriage license that was issued by the Clerk of the Circuit 8-21-90  ER (official designation)

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 480
File 8-20-90
Date of Application

HENDRICKS

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license.

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

MALE APPLICANT

Mame

A First

Middle

Mid

Date of Birth (State or foreign country)  Place of Birth (State or foreign country)  Residence Address Street or R.R. Oity Country State  Previous Marital Status: Never Married   Date of birth verified by: Death Divorce Annulment   Date of birth verified by: Birth Certificate Other (Specify) Trades Record State  1. Are you now or have you ever been adjudged to be of unsound mind? No Yes   If answer is "yes," has the adjudication been removed? No Yes   2. Are you related to the male applicant closer than second cousin? No Yes
Place of Birth (State or foreign country)  Residence Address
Residence Address Street or R.R. Oity County State  Previous Marital Status: Never Married  OR  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify) Orthographic Residence of the provided of the pro
Previous Marital Status: Never Married  OR  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify) Divorce Annulment In Divorce In Divorce Annulment In Divorce In Divor
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify) Divorce Record Reco
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify) Divorce Record Reco
Date of birth verified by:   Birth Certificate Other (Specify) Divales Fig.  1. Are you now or have you ever been adjudged to be of unsound mind? No   Yes   If answer is "yes," has the adjudication been removed?   No   Yes   2. Are you related to the male applicant closer than second cousin?   No   Yes   Yes
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  No Yes □  Yes □
If answer is "yes," has the adjudication been removed?  No Yes  Yes  Yes  Yes  Yes
2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ∀ Yes □
4. Are you now under the influence 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)
7. (a) Full name of applicants
Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's
mother reare liller Worrell
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 annual E. Con Date 8/19/96
The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.
Clerk of Court Date
State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
Signed Jannell & Cox
New Address NA Subscribed and swort to before me this 20 th day of aug., 19. 78
Connie Rawan Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk
A marriage license having been refused to the above named parties, the
Court, by written order issued
ssuance of a marriage license to the above named parties.
E AND MARRIAGE CERTIFICATE
Clerk of the Circuit Court of HENDRICKS County, Indiana,
DEAN MILLER and
fice:
on8-25-90 (date), atDANVILLE in
of PUTNAM County,
of HENDRICKS County,
of HENDRICKS County, under a marriage license that was issued by the Clerk of the Circuit 8-25-90 (official designation)

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No. <u>481</u>

8-20-90 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

Stock

County

MALE APPLICANT	FEMALE APPLICANT
Name CFirst A. Middle . Lest	Name First Middle Last
Date of Birth Month Day 27 Year 41	Date of Birth Month 2 Day 8 Year 5 4
Place of Birth (State or foreign country)	Place of Birth (State or toreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
18 K3 By 374-18 Chytm, In.	XX3 Bax 374-18 Chaylon, n.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married  OR
Last Marriage Ended By: Death □ Divorce Annulment □	Last Marriage Ended By: Death □ Divorce Annulment □
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Omnus fee.
Are you now or have you ever been adjudged to be of unsound mind? Now Yes	Are you now or have you ever been adjudged to be of unsound mind? Note:  Yes
If answer is "yes," has the adjudication been removed? No ☐ /Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? Now Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ✓ Yes □	3. Are you now under the influence of an alcoholic beverage? Now Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father harles Andless Swape	7. (a) Full name of policant's Lulauette Lee
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Dause Mee Mearl	(b) Full maiden name of applicant's
Residence of mother (if deceased, so state)	mother have come
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	Swapaco of mother (Glate of Totalgri country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant C.a. Swood Date	Signature of Applicant Consul Dummeny Bate
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) see I swear/affirm that the information given	
County of HENDRICKS ) ss: in this application is true and correct.	County of HENDRICKS ) ss:   swear/affirm that the information given in this application is true and correct.
Signed & C.a. Swope	Signed Councie & Cummings
New Address	New Address Same
Subscribed and sworn to before me this 20 day of cing 19 90	Subscribed and sworn to before me this 20 day of Que 1995
Cornie Kuram Clerk of the HENDRICKS Circuit Court	Cornie Liver Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of HENDRICKS / ss:
Signed Father	Signed Father
Signed Mother Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the i	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the (	CIAL CLASS AND HENDRICKS
8-21-91	County, Indiana,
dated $8-20-90$ , authorizing the marriage of	C. A. WILLIAM SWOPE and
CONNIE GAIL CUMMINGS	
I further certify that the following marriage certificate was filed in my of	fice:
, PAULA L. LYON (name), certify that of	on 8-20-90 (date), at FRANKLIN in
JOHNSON County, Indiana, C. A. WILLIAM S	
IN (state), and CONNIE GAIL CUMMINGS	County.
IN (state) were married by me as authorized	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated8-25.	
	UTY CLERK(official designation)
	9-12-90
THEO AND recorded in accordance with the leave of the contract of	7-12-30
	(date).
Filed and recorded in accordance with the laws of the State of Indiana on .	Signed Source Housen Clerk

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_\_ County

No. 482
File 7-20-90
Date of Application

391

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 \_\_\_\_\_\_

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
	Name //a / First Middle / Last ;
Name  First  Wildele MEEDOER  Date of Birth  Month  Day,  Year	Date of Birth Month — Day Year
07 01 03	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	MI
Residence Address Street or R.R. City County H. States Licks IN 3	Residence Address Street or R.R. City County State ACION TN
Previous Marital Status: Never Married OR OR	Previous Marital Status: Never Married OR OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify) Open lice
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐     If answer is "yes," has the adjudication been removed?
If answer is "yes," has the adjudication been removed?  Note: Yes:  Are you related to the female applicant closer than second cousin?  Note: Yes:	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ∠ Yes □
4. Are you now under the influence of a narcotic drug? / No/EF Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Milliam Kingto Mother	7. (a) Full name of applicant's Pandy MART Johnson
Residence of father (if deceased, so state) 5775 E. 350N, Brownsburgs	Residence of father (if deceased, so state) 1766 Whitewood Drive
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) MI Wyoming MI
(b) Full maiden name of applies his )	(b) Full maiden name of applicant's A. A. Magazine
mother mother DONNA RAE SMITH JOHAN	NA mother MNN IIIARSMAN
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Wyoming MT  Birthplace of mother (State or foreign country) NC
Birthplace of mother (State or foreign country)	Bittiplace of mother (State of foreign country)
I acknowledge that I have received information regarding 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  The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding 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  The 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 because of religious beliefs.  Clerk of Court Date
	State of Indiana ) I swear/affirm that the information given
State of Indiana County of HENDRICKS  Ses: Is swear/affirm that the information given in this application is true and correct.  Signed New Address 1050/N. Exeter Indp/s IN Subscribed and sworn to before me this 20th day of Hugust 19 90 46222  Thur Awar Clerk of the HENDRICKS Circuit Court	Signed Vally Dhuson  New Address 1000 M. Sxulu Undob Chr.
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of 19 Clerk
THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, WHEN	
County	A marriage license having been refused to the above named parties, the  Court, by written order issued
and filed in authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
- NO THE PART OF THE PARTY OF THE PARTY.	
dated, authorizing the marriage of	KEVIN WILLIAM MEEBOER and
VALERIE JO JOHNSON	
I further certify that the following marriage certificate was filed in my of I,ROBERT_TIBBS (name), certify that	
HENDRICKS County, Indiana, KEVIN WILLIAM MES	
IN(state), andVALERIE JOHNSON	of HENDRICKS County,
[4] P. B.	d under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated	
court of county, mandata, dated	(official designation)
	0.20.00
Filed and recorded in accordance with the laws of the State of Indiana of	(date).
	Signed Signed Clerk

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No.	483
File .	
	8-2090 Date of Application

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Jeffrey AMen Shorter	Name First Middle Blast Balvey
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address , Street or R.R. City County State
KX 2 Dox 138 hoteville del.	- 41.56. 10001. 32.14
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married A OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:  Birth Certificate  Other (Specify)	Date of birth verified by:   Birth Certificate  Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No ♠ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No Ø Yes □
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin? No 💢 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No № Yes □
3. Are you now under the influence of an alcoholic beverage? No   ▼ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes □
4. Are you now under the influence of a narcotic drug? No ⚠ Yes □	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's David & Shater	7. (a) Full name of applicant's Phillip Ray, Billion
Residence of father (if deceased, so state) Intervals and	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother Shirley J. Ottober	mother trooling Mone senset
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Birdiplace of mother (State of foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding 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 Alphay Clien Should Date 8-20-90	Signature of Applicant Date 8-2090
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.  Clerk of Court Date
Control of the Contro	
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed Si	County of HENDRICKS in this application is true and correct.  Signed Signed Belly 11
Signed Signed New Address SS: in this application is true and correct.	Signed New Address Ss: in this application is true and correct.
Signed Si	Signed New Address Ss: in this application is true and correct.
Signed New Address  Subscribed and sworn to before me this 20 day of 19 down to the state of the	Signed Subscribed and sworn to before me this day of Clerk of the HENDRICKS Circuit Court
Signed New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	Signed New Address Ss: in this application is true and correct.
Signed New Address Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN	Signed Signed Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN
Signed New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	Signed Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
Signed New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	Signed Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  Consent of Parents, Parent, Or Guardian  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  HENDRICKS  SS:  In this application is true and correct.  In this application is true and correct.  In this application is true and correct.  Signed  New Address  Clerk of the HENDRICKS  Circuit Court  Consent of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	Signed New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  SS: in this application is true and correct.  HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  SS:  SS:  In this application is true and correct.
Signed New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS  SS: In this application is true and correct.  In this application is true and correct.  Signed New Address  Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS  SS: In this application is true and correct.	Signed New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  SS: in this application is true and correct.  HENDRICKS  Circuit Court  Court  State of Indiana HENDRICKS  SS:  SS:  SS:  Signed  New Address  Circuit Court  Court  Consent of the other parent unnecessary  State of Indiana HENDRICKS  SS:  SS:  Signed  New Address  Circuit Court  Source  Court  State of Indiana HENDRICKS  SS:  SS:  SS:  SS:  SS:  SS:  SS:
Signed New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19	Signed Signed M. B. Light New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father
Signed  New Address  Subscribed and sworn to before me this day of  Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Signed  Father  Signed  Mother	Signed Signed County of Signed Mother Signed Mother Signed
Signed  New Address  Subscribed and sworn to before me this day of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Signed Signed Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  Clerk  County of 19  Clerk
Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County Mother County Marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  County of Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County Marriage. If only one parent signs, state of Indiana Methods and such as a consensual sign	Signed Signed Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  Court, by written order issued
Signed  New Address  Subscribed and sworn to before me this day of 19.  Consent of Parents, Parent, or Guardian  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of 19.  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county day of 19.  County and filed in 19.  Authorizes and directs the interest and correct.	Signed New Address  Subscribed and sworn to before me this
Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS  Signed Father  Signed Mother  County of Marriage License Issued by Order of Court. A County of Authorizes and directs the incident of the county of Authorizes and directs the incident of the county of Authorizes and directs the incident of the county of Authorizes and directs the incident of the county of Authorizes and directs the incident of the county of Authorizes and directs the incident of the county of Authorizes and directs the incident of the county of Authorizes and directs the incident of the county of Authorizes and directs the incident of the county of Authorizes and directs the incident of the county of Authorizes and directs the incident of the county of Authorizes and directs the incident of the county of Authorizes and directs the incident of the county of Authorizes and directs the incident of the county of Authorizes and directs the incident of the county of Authorizes and directs the incident of the county of Authorizes and directs the incident of the county of Authorizes and directs the incident of the county of Authorizes and directs the incident of the county of Authorizes and directs the county of Authorizes and Authorizes	Signed Signed Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Signed Mother  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 HENDRICKS Signed Mother Signed Teacher Signed Signed Signed Signed Signed Subscribed and sworn to before me this day of 19  Clerk Marriage license having been refused to the above named parties, the Subscribed and sworn to be subscribed to the above named parties.  CAND MARRIAGE CERTIFICATE
Signed  New Address  Subscribed and sworn to before me this day of 19.  Consent of Parents, Parent, or Guardian  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of 19.  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county and filed in authorizes and directs the interest of the inter	Signed Signed Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Signed Mother  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 HENDRICKS Signed Mother Signed Teacher Signed Signed Signed Signed Signed Subscribed and sworn to before me this day of 19  Clerk Marriage license having been refused to the above named parties, the Subscribed and sworn to be subscribed to the above named parties.  CAND MARRIAGE CERTIFICATE
Signed  New Address  Subscribed and sworn to before me this day of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county and filed in authorizes and directs the interpretation of the other parent universe and the other parent univer	Signed New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  County of 19  Clerk  Tamarriage license having been refused to the above named parties, the suance of a marriage license to the above named parties.  CAND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, PEREY A. SHORTER
Signed Subscribed and sworn to before me this Section of the Subscribed and sworn to before me this State of Indiana HENDRICKS  Signed Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County of Authorizes and directs the interpretation of the interpretation	Signed New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  County of 19  Clerk  The marriage license having been refused to the above named parties, the court, by written order issued suance of a marriage license to the above named parties.  Cand Marriage Certificate  Clerk of the Circuit Court of HENDRICKS County, Indiana,
Signed Subscribed and sworn to before me this State of Indiana Hendricks Signed	Signed
Signed New Address Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Signed Mother  Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County authorizes and directs the interest of the consent of the other parent unnecessary  I certify that there was filed in my office a marriage license issued by the dated Sandra M. BILYEU  I further certify that the following marriage certificate was filed in my office a farming of 19  Sandra M. BILYEU  I further certify that the following marriage certificate was filed in my office a farming of 19  Sandra M. BILYEU  I further certify that the following marriage certificate was filed in my office a marriage certificate was f	Signed Subscribed and sworn to before me this day of Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  County of 19  Clerk  Court, by written order issued suance of a marriage license to the above named parties.  CAND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and fice:
Signed New Address Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County and filled in authorizes and directs the interpretation of the county of	Signed August Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk of the Circuit Court of HENDRICKS County, Indiana, or FREY A. SHORTER AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, or FREY A. SHORTER AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, or FREY A. SHORTER AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, or FREY A. SHORTER AND MARRIAGE CERTIFICATE BROWNSBURG In
County of HENDRICKS   Signed   New Address   Subscribed and sworn to before me this   Department of the HENDRICKS   Circuit Court    CONSENT OF PARENTS, PARENT, OR GUARDIAN   We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary    State of Indiana   HENDRICKS   Signed   Father   Signed   Mother    Subscribed and sworn to before me this   day of   19   Clerk    COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county   authorizes and directs the interest   RETURN OF MARRIAGE LICENSE    I certify that there was filed in my office a marriage license issued by the dated   Sandra M. BILYEU   Ifurther certify that the following marriage certificate was filed in my office   Ifurther certify that the following marriage certificate was filed in my office   Ifurther certify that the following marriage certificate was filed in my office   Ifurther certify that the following marriage certificate was filed in my office   Ifurther certify that the following marriage certificate   Ifurther certify that the following marriage certificate   Ifurther certify that the following marriage certificate   Ifurther certify that the following marriage   Ifurther certify that the f	Signed August Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Father Signed Mother Subscribed and sworn to before me this day of 19  Clerk Amarriage license having been refused to the above named parties, the Court, by written order issued suance of a marriage license to the above named parties.  CAND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, FREY A. SHORTER and Mother Short
Signed Subscribed and sworn to before me this Signed Signed Sale facts which make the consent of the other parent unnecessary  Signed S	Signed Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued suance of a marriage license to the above named parties.  CAND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, FREY A. SHORTER and.  Gice:  On 8-25-90 (date), at BROWNSBURG in HENDRICKS County, Free County, Indiana, of HENDRICKS County, Indiana, Indiana
Signed New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS Signed Mother  Signed Mother  Signed Mother  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county of Authorizes and directs the interpretation of the other parent unnecessary authorizes and directs the interpretation of the other parent unnecessary.  I certify that there was filed in my office a marriage license issued by the dated SANDRA M. BILYEU  If further certify that the following marriage certificate was filed in my office in my off	Signed Address  Subscribed and sworn to before me this
Signed New Address  Subscribed and sworn to before me this Aday of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Father Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County and filled in authorizes and directs the interpretation of the other parent unnecessary.  I certify that there was filled in my office a marriage license issued by the dated Sandra M. BILYEU  I further certify that the following marriage certificate was filled in my office and subscribed in	Signed Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Father Signed Mother Subscribed and sworn to before me this day of 19  Clerk Of the Amarriage license having been refused to the above named parties, the Court, by written order issued ssuance of a marriage license to the above named parties.  CAND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, FREY A. SHORTER and MENDRICKS County, Indiana, of HENDRICKS County, Indiana, of HENDRICKS County, Indiana, and HENDRICKS County, Indiana, Indiana, Indiana, Indiana, Indiana, Indiana, Indiana, Indiana, Indiana, Ind
Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Father  Signed Mother  Signed Mother  Signed Mother  County of HENDRICKS Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County and filled in authorizes and directs the in the county of marriage of JEH County that there was filled in my office a marriage license issued by the dated Mother authorizing the marriage of JEH SANDRA M. BILYEU  If further certify that the following marriage certificate was filled in my of I, PHILLIP R. BILYEU (name), certify that the HENDRICKS County, Indiana, JEFFREY A. SHORTE IN (state), and SANDRA M. BILYEU  In (state) were married by me as authorized	Signed Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Mother  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  Clerk  Tamarriage license having been refused to the above named parties, the Court, by written order issued ssuance of a marriage license to the above named parties.  CAND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, FREY A. SHORTER and  Mice:  On 8-25-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, of HENDRICKS County, Indiana, of HENDRICKS County, Indiana, of HENDRICKS County, Indiana, and HENDRICKS County, Indiana, of HENDRICKS County, Indiana,
Signed Address  Subscribed and sworn to before me this Aday of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS Signed Mother  Subscribed and sworn to before me this day of 19 Cierk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A and filed in authorizes and directs the interpretation of the consent of the other parent unnecessary  I certify that there was filed in my office a marriage license issued by the dated Sandra M. BILYEU  I further certify that the following marriage certificate was filed in my office and subscribed in my office and subscri	Signed Subscribed and sworn to before me this Aday of Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19—Clerk  County of Mother  Court, by written order issued assuance of a marriage license to the above named parties.  CAND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and fice:  On 8-25-90 (date), at BROWNSBURG in HENDRICKS County, under a marriage license that was issued by the Clerk of the Circuit 1-90 (official designation)  8-28-90 (official designation)
Signed Subscribed and sworn to before me this Signed Shark Signed Signed Signed Shark Signed Signed Shark	County of HENDRICKS   Signed   Signed   Subscribed and sworn to before me this   Day of   Day
Signed Subscribed and sworn to before me this Sale facts which make the consent of the other parent unnecessary  State of Indiana County of Signed Signed Signed Signed Shows and sworn to before me this Sale facts which make the consent of the other parent unnecessary  State of Indiana County of Signed Signed Signed Signed Signed Shows and sworn to before me this shows a series of the other parent unnecessary  State of Indiana HENDRICKS Signed Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county authorizes and directs the interpretation of the other parent unnecessary  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county authorizes and directs the interpretation of the other parent unnecessary  I certify that there was filed in my office a marriage license issued by the county that there was filed in my office a marriage license issued by the county that the following marriage certificate was filed in my office a marriage of JEE SANDRA M. BILYEU (name), certify that the following marriage certificate was filed in my office in my offic	Signed Subscribed and sworn to before me this Aday of Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Mother Signed Mother Subscribed and sworn to before me this day of 19—Clerk Mother Subscribed and sworn to before me this day of 19—Clerk Marriage license having been refused to the above named parties, the Court, by written order issued suance of a marriage license to the above named parties.  CAND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and fice:  On 8-25-90 (date), at BROWNSBURG in HENDRICKS County, under a marriage license that was issued by the Clerk of the Circuit 1-90 (official designation)  8-28-90 (official designation)

\_Circuit Court

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

No.	49	+3
File		
	26.8	090
	Date of Ar	nlication

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Prirst Middle Cast	Name Carol Andle Clast
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
- Sandardony A. Druelle	541 Hauthand Dr. Pajd.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce ☒ Annulment □	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 🖔 Yes 🗆
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 🗸 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No X Yes
<ul> <li>3. Are you now under the influence of an alcoholic beverage?</li> <li>4. Are you now under the influence of a narcotic drug?</li> <li>No □ Yes □</li> </ul>	3. Are you now under the influence of an alcoholic beverage? No 网 Yes □ 4. Are you now under the influence of a narcotic drug? No 网 Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	Mary Katheyer. 10 1°
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's O	7. (a) Full name of applicant's
father Wichard of American Residence of father (if deceased, so state)  Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Pola de ton Andre
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(h) Full maiden some of englishable
Residence of mother (if deceased, so state) Book Where I.d.	mother Sching Gave Transce
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
Estaplica of mania (calcot locality)	Distriplace of mother (State of Toreign Country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Signature of Applicant Date 8/20/80	Signature of Applicant X Carola. Bennett Date 8/21/90
Signature of Applicant Date 1/2/2	Signature of Applicant August Date 1/4//
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ss:     swear/affirm that the information given	State of Indiana  HENDRICKS  ) ss:   swear/affirm that the information given
County of in this application is true and correct.	County of
Signed Sielf A. Fington	Signed & Carol a. Bernett
New Address Same to above	New Address
Subscribed and sworn to before me this 20 day of	Subscribed and sworn to before me this day of 19
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	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 authorizes and directs the	Court, by written order issued issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-21-90, authorizing the marriage of	RICHARD L. FARRINGTON and
CAROL ANN BENNETT	
I further certify that the following marriage certificate was filed in my o	ffice:
I,A. W. FARNSWORTH IV (name), certify that	
HENDRICKS County, Indiana, RICHARD L. FARRI	
IN(state), andCAROL ANN BENNETT	of HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 9	
count of county, indicate, dated	
Signed by: /s/ A. W. FARNSWORTH IV , MINISTER	9-17-90
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed
AFML/PD1	HENDRICKS Circuit Court

AFML/PD 1

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 8-30-90
Date of Application

HENDRICKS

Circuit Court

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

MALE APPLICANT	FEMALE APPLICANT
Name Donald Middle Last	Name Michaelle Kay Burnett
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married Ø OR	Previous Marital Status: Never Married OR
Trovido marian diales.	Last Marriage Ended By: Death Divorce Annulment
Edit Marriago Eristo Dy.	Date of birth verified by: ABirth Certificate  Other (Specify)
Date of birth verified by: Birth Certificate   Other (Specify)	1. Are you now or have you ever been adjudged to be of unsound mind? No 💢 Yes 🗆
1. Are you now or have you ever been adjudged to be of unsound mind? No 🖄 Yes 🗆	If answer is "yes," has the adjudication been removed?
If answer is "yes," has the adjudication been removed?  No □ Yes □  Are you related to the female applicant closer than second cousin?  No □ Yes □	2. Are you related to the male applicant closer than second cousin?
2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  No □ Yes □	3. Are you now under the influence of an alcoholic beverage? No ∯ Yes □
4. Are you now under the influence of a narcotic drug? No   No   Yes □	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)	(b) Full maiden name of mother
(b) Full maiden name of mother of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's
7. (a) Full name of applicant's Senseth Les Read	father James of Briefs
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's
(b) Full maiden name of applicant's Many R. Williams)	mother shada I hathar
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Elauto dd.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Signature of Applicant Date	Signature of Applicant X Muchelle Bus Motbate
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs.  Clerk of Court Date	Clerk of Court Date
Lower/affirm that the information given	State of Indiana    State of Indiana   State of Ind
State of Indiana County of HENDRICKS ss: Is wear/arith that the information given in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
Signed & donald & feed	Signed XIII Chelle Burnell
New Address	New Address
Subscribed and sworn to before me this 20 day of 2 1990	Subscribed and sworn to before me this 20 day of HENDRICKS Circuit Court
Clerk of the HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	signed & Camera L. Durnett Father
Signed Mother	Signed Signed Standa Mother
Subscribed and sworn to before me this day of19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	. A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	COURT DV WILLER OTGET ISSUEG
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of County, Indiana,
dated 8-20-90, authorizing the marriage of	DONALD E. REED and
MICHELLE K. BURNETT	
I further certify that the following marriage certificate was filed in my	office:
I,	t on8-20-90 (date), atDANVILLE in
HENDRICKS County, Indiana, DONALD E. RE	
(state), andMICHELLE K. BURNETT	of HENDRICKS County,
	ed under a marriage license that was issued by the Clerk of the Circui
Court of HENDRICKS County, Indiana, dated	8-20-90 A MARINA
Signed by: /s/ CYNTHIA J. SPENCE , 1ST DEPUTY	CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana	
	Signed Clerk

\_Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

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

The control of the co		FEMALE APPLICANT
The contract of the contract o	MALE APPLICANT  Name   Last   Last	
The control with filling to the proposed of the control of the con	Telly James angreek	Mawn Christina Hendricks
Precious Name of Name	Sept 12 1961	Place of Birth (State or foreign country)
The constitution of the control of t	and.	Residence Address / Street or R.B. Sity County State
Last Namework of the "Fifting Centrical Color (Severy)"  Date of the work rate by "Fifting Centrical Color (Severy)"  An approximate of the six of the management of the control of the severy of the centre of the property of the centre of th	1880 W. 10 the Kot 40-5, Caple New	9880 W. Tothe Hot 40-5 maple Hend.
COMPLETE IF MARRIAGE LICENSE (SUMPLES)  The control with well the View of the control with	Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
1. Any you now or have you were been adjudged to be of unbound mind? No B	Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death Divorce Annulment
An approximate have you are these solicipates in the of substantial residence of the international content of the second of th	Date of birth verified by: Birth Certificate   Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
An any some which the anisotropic bernary is a control to the second could be a control to the seco	1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 🛛 Yes 🗆
2. An approximate the familiar planes approach could be sharing and a process of the process of		
3. An you now under the influence of a near-conditional control of the state of the	Z. Are you related to the formation approach closes that	2. 7.0700.1011.001.001.001.001.001.001.001.
2. List the dall names of any dependent children.  6. Only its areas of father.  6. Only its are	S. Are you now under the mindered of an alcoholic state and alcoho	d. Ale year long and the limited see a line of the least see a line of the lea
6. (a) Null name of failure ol deproduced collisions Discription of the first (discount, to state) Discription of	4. Ale you now diden the initiations of a flat costs of a	
The above solution of mother of consequence or street of consequence or street or consequence or consequence or street or consequence or consequen	5. List the full names of any dependent condition.	
The Relations of Infigure (of deceased, to state)  The Relations of Infigure (of the case of the State)  The Relations of Infigure (of the case of the State)  Relations of Infigure (of		
Birmshare of plane (State or freeze country) (b) Full massly-man of another or despotance protection country) (c) Full massly-man of another or despotance protection country) (c) Full massly registers		
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### Accordance of mother (Dates or breign country)  7. (ii) Fall marked mother (Indexes of beings country)  8. (iii) Fall marked mother of feedbases (as basis)  8. (iii) Fall marked mother of secretary objects (iii) Fall marked mother objects (iii) Fall marked mother (Indexes objects)  ### Accordance of mother (Base or freely occurred)  ### Accordance or freely occurred)  ### Accordance or freely occurred or freely occurr		
10 Fall name of applicants feature flates or foreign country flates from the first flate from the flate or foreign country flates from the flate from the flates from the flat		Birthplace of mother (State or foreign country)
Residence of lather (if deceased, is state)  Birriplace of lather (if deceased, is state)  Birriplace of stater (if deceased, is state)  Birriplace of stater (if deceased, is state)  Birriplace of nother (if deceased, is state)  Birriplace of nother (if deceased, is state)  Birriplace of nother (if deceased, is state)  ACKOMEDIGORIST  I subconsidering that I have marked extraoristic operating disregative occurring in the state of the virus that cause ALDS acquired attendance assumement of subconstruction of the state as wearing the state for the virus that cause ALDS acquired attendance assumement of subconstruction and as not the state for the virus that cause ALDS acquired attendance assumement of subconstruction of the state as wearing virus measured (in state).  Date ALD		What was the state of the service of
Birthplace of father (Blate or foreign country)  Residence of mother (Blate or	1 110 + 1110	1) 11:15: 70
(b) Fail mastern name of applicant in most applicant in most and applicant in most applicant in most and applicant in most applicant has objected to writing by ordin or affirmation or signature to the above acconduction and applicant has objected to verifying by ordin or affirmation or signature to the above acconduction and applicant has objected to verifying by ordin or affirmation or signature to the above acconduction and applicant has objected to verifying by ordin or affirmation or signature to the above acconduction and applicant has objected to verifying by ordin or affirmation or signature to the above acconduction and applicant has objected to verifying by ordin or affirmation or signature to the above acconduction and applicant has objected to verifying by ordin or affirmation or signature to the above acconduction and applicant has objected to verifying by ordin or affirmation or signature to the above accordance applicant has objected to verifying by ordin or affirmation or signature to the above accordance and accordance or the accordance of the		Birthplace of father (State or foreign country)
Resistance of mother (of doceased, so take) Birchales of mother (of date of breign country)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases received more additionary syndroged and second control to the seco	(b) Full maiden name of applicant's	JAVILION SILIO TO STATE S
Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding desperous communicable diseases that are security transmitted, and a fix of the sets alse for the virus that causes AIDS (acquired immune deficiency syndroms)  Signature of Applicant August 1 and 1 fix of the sets alse for the virus that causes AIDS (acquired immune deficiency syndroms)  The above applicant has objected to settlying by cash or affirmation or signature to the above accordance for elegible below.  Date  The above applicant has objected to settlying by cash or affirmation or signature to the above accordance of religious beliefs.  Clark of Count  Signature of Applicant August 1 in the application is the anti-correct.  Signature of Applicant August 1 in the application is the anti-correct.  Signature of Applicant August 1 in the application is the anti-correct.  Signature of Applicant August 1 in the application is the anti-correct.  Signature of Applicant August 1 in the application is the anti-correct.  Signature of Applicant August 1 in the application is the anti-correct.  Signature of Applicant August 1 in the application is the anti-correct.  Signature of Applicant August 1 in the application is the anti-correct.  Signature of Applicant August 1 in the application is the anti-correct.  Signature of Applicant August 1 in the application is the anti-correct.  Signature of Applicant August 1 in the application is the anti-correct.  Signature of Applicant August 1 in the application is the anti-correct.  Signature of Applicant August 1 in the application is the anti-correct.  Signature of Applicant August 1 in the application is the anti-correct.  Signature of Applicant August 1 in the application is the anti-correct.  Signature of Applicant August 1 in the application is the application in the application is the application in		1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
ACKNOWLEDGMENT  I acknowledge that I have recorded information regarding dangerous communicable diseases that are accountly amenimited, and as late of the settle for the virus that causes ADB (sequired immune deficiency syndroms).  Signature of Applicant has objected to verifying by outh or affirmation or signature to the above according to the signature of Applicant in the accordance of religious beliefs.  Signed		
I acknowledge that I have received information regarding dangerous communicable diseases that are security semantics and sail of the security and particular that the security semantics and sail of the security security and security security and security security security security.  The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgement because of religious besides.  Signed The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgement because of religious besides.  Signed The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgement because of religious besides.  Signed The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgement because of religious besides.  Signed The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgement because of religious besides.  Signed The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgement because of religious besides.  Signed The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgement because of religious besides.  Signed The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgement because of religious besides.  Signed The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgement because of religious besides.  Signed The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgement because of religious besides.  Signed The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgement because of religious besides.  Signed The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgement because of re		AOVAIONI EDOMENT
The above applicant has objected to verifying by oath or affirmation or signature to the above achnoridegement because of religious beliefs.  Date  Date  Date  Date  Date  Signed The Address and Expectation in the significant beliefs.  Subscribed and sworn to before me this applicant, hereby give consent for this marriage, if only one parent signs subscribed and sworn to before me this day of	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
State of Indiana HENDRICKS   Set   Several S	Signature of Applicant Sully A. Omguck Date 109 2010	
Clerk of Court    Clerk of Court   Date   Description of Indiana   Date   Date	The above applicant has objected to verifying by oath or affirmation or signature to the above	
State of Indiana HENDRICKS   ss.   I awear/affirm that the information given in this application is true and correct.  Signed   Seath 12, 10 % 61/40-5 Indiana polits.  New Address   9800 12, 10 % 61/40-5 Indiana polits.  Subscribed and sworn to before me this   20 day of   20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Clerk of Court Date
Signed	State of Indiana ) I swear/affirm that the information given	State of Indiana   I swear/affirm that the information given
Subscribed and sworm to before me this day of Left of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Superd Father Signed Mother  Subscribed and sworn to before me this day of Subscribed and sworn to the other parent unnecessary  State of Indiana HENDRICKS Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of the State of Indiana HENDRICKS Subscribed and sworn to before me this day of the State of Indiana on Subscribed and sworn to the other parent unnecessary  State of Indiana HENDRICKS Subscribed and sworn to before me this day of the State of Indiana on Subscribed and sworn to before me this day of the State of Indiana on Subscribed and sworn to before me this day of the St		
Subscribed and sworm to before me this day of Left of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Superd Father Signed Mother  Subscribed and sworn to before me this day of Subscribed and sworn to the other parent unnecessary  State of Indiana HENDRICKS Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of the State of Indiana HENDRICKS Subscribed and sworn to before me this day of the State of Indiana on Subscribed and sworn to the other parent unnecessary  State of Indiana HENDRICKS Subscribed and sworn to before me this day of the State of Indiana on Subscribed and sworn to before me this day of the State of Indiana on Subscribed and sworn to before me this day of the St	Signed / July h. any int	Signed XDawn C. Idenduchs
Consent of Parents, Parent, or Guardian Me, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary.    Consent of Parents, Parent, or Guardian, Parent, or Guardian, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary.    State of Indiana HENDRICKS   Ss.	New Address 9880 0, 10 th Lot 40-5 Indianapolis	New Address 9880 W. 10 April 1980
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary.  State of Indiana HENDRICKS  Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County of Authorizes and directs the issuance of a marriage license rice the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS  I further certify that the following marriage certificate was filed in my office:  I, DARRELL N. COX (name), certify that on 9-1-90 (date), at MAPLE GROVE in Lendricks County, Indiana, KELLY LYNN ANGRICK of HENDRICKS County IN (state), and DAWN CHRISTINA HENDRICKS Of HENDRICKS County, Indiana, KELLY LYNN ANGRICK of HENDRICKS County, Indiana, Assay were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit of HENDRICKS County, Indiana, Assay were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit of HENDRICKS County, Indiana, Assay (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 9-5-90 (date).  Signed Assay (date).	Subscribed and sworn to before me this day of HENDRICKS Circuit Court	Subscribed and sworn to before me this 2 day of HENDRICKS Circuit Court
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary sta		
State of Indiana HENDRICKS   Ssigned   Father Signed   Signed   Subscribed and sworn to before me this   day of   19   Clerk   Subscribed and sworn to before me this   day of   19   Clerk   Subscribed and sworn to before me this   day of   19   Clerk   Subscribed and sworn to before me this   day of   19   Clerk   Subscribed and sworn to before me this   day of   19   Clerk   Subscribed and sworn to before me this   day of   19   Clerk   County   Subscribed and sworn to before me this   day of   19   Clerk   County   Subscribed and sworn to before me this   day of   19   Clerk   County   Authorizes and directs the issuance of a marriage license having been refused to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of   HENDRICKS   County, Indiana   Marriage   Marriage		
Signed Si	state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Signed Si		
Signed	State of Indiana County of HENDRICKS  ss:	County of
Subscribed and sworn to before me this	Signed Father	Signed Father
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————————————————————————————————————		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County County Written order issued County by written order issued by the Clork of the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana and 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 3-2-90 , authorizing the marriage of KELLY LYNN ANGRICK and DAWN CHRISTINA HENDRICKS  I further certify that the following marriage certificate was filed in my office:  I, DARRELL W. COX (name), certify that on 9-1-90 (date), at MAPLE GROVE in HENDRICKS County, Indiana, KELLY LYNN ANGRICK of HENDRICKS County In (state), and DAWN CHRISTINA HENDRICKS 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 8-22-90  Signed by: /S/ DARRELL W. COX PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 9-5-90 (date).  Signed Clerk Clerk of Clerk	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana dated 8-20-90, authorizing the marriage of KELLY LYNN ANGRICK and DAWN CHRISTINA HENDRICKS  I further certify that the following marriage certificate was filed in my office:  I, DARRELL W. COX (name), certify that on 9-1-90 (date), at MAPLE GROVE in HENDRICKS County, Indiana, KELLY LYNN ANGRICK of HENDRICKS County IN (state), and DAWN CHRISTINA HENDRICKS 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 8-22-90  Signed by: /S/ DARRELL W. COX PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 9-5-90 (date).	and filed in, authorizes and directs the	e issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana dated 8-20-90, authorizing the marriage of KELLY LYNN ANGRICK and DAWN CHRISTINA HENDRICKS  I further certify that the following marriage certificate was filed in my office:  I, DARRELL W. COX (name), certify that on 9-1-90 (date), at MAPLE GROVE in HENDRICKS County, Indiana, KELLY LYNN ANGRICK of HENDRICKS County IN (state), and DAWN CHRISTINA HENDRICKS 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 8-22-90  Signed by: /S/ DARRELL W. COX PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 9-5-90 (date).	RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
dated 8-22-90 authorizing the marriage of KELLY LYNN ANGRICK  DAWN CHRISTINA HENDRICKS  I further certify that the following marriage certificate was filed in my office:  I, DARRELL W. COX (name), certify that on 9-1-90 (date), at MAPLE GROVE in HENDRICKS County, Indiana, KELLY LYNN ANGRICK of HENDRICKS County  IN (state), and DAWN CHRISTINA HENDRICKS of HENDRICKS County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of HENDRICKS County, Indiana, dated 8-22-90  Signed by: /S/ DARRELL W. COX PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 9-5-90 (date).		
I further certify that the following marriage certificate was filed in my office:  I, DARRELL W. COX (name), certify that on 9-1-90 (date), at MAPLE GROVE in HENDRICKS County, Indiana, KELLY LYNN ANGRICK of HENDRICKS County In (state), and DAWN CHRISTINA HENDRICKS of HENDRICKS County In (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circumstance of		Colors of the Contact Court of
I further certify that the following marriage certificate was filed in my office:  I,	dated, authorizing the marriage of	KELLY LYNN ANGRICK and.
I, DARRELL W. COX (name), certify that on 9-1-90 (date), at MAPLE GROVE in HENDRICKS County, Indiana, KELLY LYNN ANGRICK of HENDRICKS County IN (state), and DAWN CHRISTINA HENDRICKS of HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circu Court of HENDRICKS County, Indiana, dated 8-22-90  Signed by: /S/ DARRELL W. COX PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 9-5-90 (date).  Signed Clerk Of Lawrence County (date).	DAWN CHRISTINA HENDRICKS	
HENDRICKS County, Indiana, KELLY LYNN ANGRICK of HENDRICKS County  IN (state), and DAWN CHRISTINA HENDRICKS of HENDRICKS County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circumstance of County, Indiana, dated 8-22-90  Signed by: /S/ DARRELL W. COX PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 9-5-90 (date).  Signed County  County  County  County  County  County  Filed and recorded in accordance with the laws of the State of Indiana on Clerk  Signed County  County	I further certify that the following marriage certificate was filed in my	
IN (state), and	I, DARRELL W. COX (name), certify that	t on 9-1-90 (date), at MAPLE GROVE in
IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circu Court of HENDRICKS County, Indiana, dated 8-22-90  Signed by: /S/ DARRELL W. COX PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 9-5-90 (date).  Signed Clerk of the Circu County (official designation)  Clerk of the Circu County (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on Clerk of the Circu County (official designation)  Signed County (official designation)  Clerk of the Circu County (official designation)		
Court of	(State), and	orcounty
Signed by:	IN (state) were married by me as authorize	ed under a marriage license that was issued by the Clerk of the Circuit
Signed by:	Court of HENDRICKS County, Indiana, dated 8-23	2-90
Filed and recorded in accordance with the laws of the State of Indiana on 9-5-90 (date).  Signed Cler		(official designation)
Signed Signed Cler		0 5 00
	They and recorded in accordance with the laws of the state of indiana	1
HENDRICKS Circuit Cour		

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No	
File -	
100	Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Report Dielle

Name First Middle Last	FEMALE APPLICANT
	Name Patricia Middle Cillian
Date of Birth Month Day Year	Date of Birth Month Day Varen
7 21 51	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	O.Z.
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married   OR
THE RESIDENCE OF THE PARTY OF T	Last Marriage Ended By: Death   Divorce □ Annulment □
Cust marriage Errors Syr.	
Date of birth verified by: ☐ Birth Certificate ♀ Other (Specify) ☐ Y · ☐ Certificate ♀ Other (Specify)	Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) ☐ DC. C. C.
1. Are you now or have you ever been adjudged to be of unsound mind? No To Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No ∕Q Yes □
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin? No ♥ Yes □	2. Are you related to the male applicant closer than second cousin? No 💆 Yes 🗆
3. Are you now under the influence of an alcoholic beverage? No □ Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ♥ Yes □	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Tomala Hullan
The state of the s	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's
7. (a) Full name of applicant's father Duly E. Ward	father Melin Charle Occition
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Alande Sturent	(b) Full maiden name of applicant's Muthada Patherine Her
mother	Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Birthplace of mother (state of foreign country)	Birtiplace of mother (state of foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Diction 9. Colored Date 8-21-90	Signature of Applicant Latricia (a. Lilliamoste 8-21-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana  IENDPICKS  SS:   I swear/affirm that the information given
County of HENDRICKS ) ss: in this application is true and correct.	County of
Signed Siston & Ward	Signed Satricia & Gilliam
New Address	New Address
Subscribed and sworn to before me this and day of the d	Subscribed and sworn to before me this 21 day of 2, 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
THE PARTY OF THE P	
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed	
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Signed Mother  Subscribed and sworp to before me this day of 19
Signed Mother Subscribed and sworn to before me this day of 19 Clerk	Signed Mother Subscribed and sworn to before me this day of 19 Clerk
Subscribed and sworn to before me this day of, 19 Clerk	Subscribed and sworn to before me this day of 19 Clerk
Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Subscribed and sworn to before me this day of
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County  and filed in, authorizes and directs the	Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE.	Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County  and filed in, authorizes and directs the	Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE.	A marriage license having been refused to the above named parties, the  Court, by written order issued issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of  HENDRICKS  County, Indiana,
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  Authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  Authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  Authorizing the marriage of	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in  RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the dated  PATRICIA A. GILLIAM	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in  RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the dated  PATRICIA A. GILLIAM  I further certify that the following marriage certificate was filed in my of I,  GRANT SMITH  (name), certify that	Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in  RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the dated  PATRICIA A. GILLIAM  I further certify that the following marriage certificate was filed in my of I,  GRANT SMITH  (name), certify that	Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the dated  PATRICIA A. GILLIAM  I further certify that the following marriage certificate was filed in my of it, GRANT SMITH  (name), certify that MARION  County, Indiana, VICTOR E. WARD IN (state), and PATRICIA A. GILLIAM	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.    County	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	Subscribed and sworn to before me this

\_Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

AFML/PD1

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

8-21-90 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 

MALE APPLICANT	FEMALE APPLICANT
Name anthony Wayne Hickolson	Name Rosemary depre diser
Date of Birth Month Day Year 65	Date of Birth Month Day 28 Year 67
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City - County State
11 marpura M. Nanaelleyn.	11 Merpura Dr. Nanuelle, In
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Var
If answer is "yes," has the adjudication been removed? No □ / Yes □	If answer is "yes," has the adjudication been removed? No □ Y
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	Are you now under the influence of an alcoholic beverage?  No  Y  Y
4. Are you now under the influence of a narcotic drug? No Yes	Are you now under the influence of a narcotic drug?  Note Y  List the full pages of any dependent children.
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of mother
(b) Full maiden name of mother of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of appropriates father Carence Waymon Nichalso.	7. (a) Full name of applicant's father Kinger River
Residence of father (if deceased, so state) Marevailles	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's worther Linds Tour Speulin	(b) Full maiden name obapplicants
Residence of mother (if deceased, so state) Industribution	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) — Indiana	Birthplace of mother (State or foreign country)
And the second of the second o	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable dis that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acq
Signature of Applicant Tony W. Micholson Date 8-21-90	Signature of Applicant Kommany Hymn Kisig Date 8-21-
Signature of Applicant John Date 8 21 70	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the a acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information
State of Indiana  HENDRICKS    ss:   swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and corre
Signed Joney W. Micholson	Signed Rosemany Lynn Kises
New Address OSAME	New Address Same
Subscribed and sworn to before me this 21st day of aug 1970	Subscribed and sworn to before me this 21 day of aug 19 78
Connie Lawson Clerk of the HENDRICKS Circuit Court	Cornie Laws Clerk of the HENDRICKS Circuit
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed F
Signed Mother	Signed N
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	A STATE OF THE PARTY OF THE PAR
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
and filed in authorizes and directs the	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	
dated $8-21-90$ , authorizing the marriage of	ANTHONY WAYNE NICHOLSON
ROSEMARY LYNN KISER	
I further certify that the following marriage certificate was filed in my of	
RAYMOND L. RADER	NICHOI SON HENDRICKS
RAYMOND L. RADER (name), certify that	THE PROPERTY OF THE PROPERTY O
HENDRICKS County, Indiana, ANTHONY WAYNE	OICOL
HENDRICKS County, Indiana, ANTHONY WAYNE  IN (state), and ROSEMARY LYNN KISER	of HENDRICKS Cou
HENDRICKS  County, Indiana, ANTHONY WAYNE  IN (state), and ROSEMARY LYNN KISER  IN (state) were married by me as authorized	of HENDRICKS Cou
HENDRICKS County, Indiana, ANTHONY WAYNE  IN (state), and ROSEMARY LYNN KISER	of HENDRICKS Coulomb under a marriage license that was issued by the Clerk of the Ci
HENDRICKS  County, Indiana, ANTHONY WAYNE  IN (state), and ROSEMARY LYNN KISER  IN (state) were married by me as authorized	of HENDRICKS Coulomb of HENDRI
HENDRICKS  County, Indiana,  IN  (state), and  ROSEMARY LYNN KISER  IN  (state) were married by me as authorized  Court of  HENDRICKS  County, Indiana, dated  8.  Signed by:  /s/ RAYMOND L. RADER  MINISTER	of HENDRICKS Coulombre of HENDRICKS Coulombre of HENDRICKS Coulombre of HENDRICKS Coulombre of the Circles of t
HENDRICKS  County, Indiana,  IN  (state), and  ROSEMARY LYNN KISER  IN  (state) were married by me as authorized  Court of  HENDRICKS  County, Indiana, dated  8  Signed by:  /s/ RAYMOND L. RADER  Filed and recorded in accordance with the laws of the State of Indiana on	of HENDRICKS Coulomber a marriage license that was issued by the Clerk of the Ci-25-90 (official designation)

IC 31-7-9-1. Furnishing false information upon applying for license.

#### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File		0.0
8-22-90	7 4 4 7 4	(18)

County.

\_ County,

Clerk

Circuit Court

HENDRICKS

HENDRICKS

(date).

1190

A person who knowingly furnishes false information to a clerk of the Medical Examination or Report Dated circuit court when the person applies for a marriage license under IC lenn Name of Physician \_ 31-7-3 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Last Date of Birth Date of Birth Month Day Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address County Residence Address Street or R.R. State Street or R.R. City County m No Previous Marital Status: Never Married OR Previous Marital Status: Never Married D Last Marriage Ended By: Death Annulment D Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Divorce Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Yes 🗆 1. Are you now or have you ever been adjudged to be of unsound mind? No D Are you now or have you ever been adjudged to be of unsound mind? No D If answer is "yes," has the adjudication been removed? No 🗆 If answer is "yes," has the adjudication been removed? No 🗆 Yes 🗆 Yes □ Are you related to the male applicant closer than second cousin? No I Are you related to the female applicant closer than second cousin? No D Yes D Are you now under the influence of an alcoholic beverage? No & Yes 🗆 Are you now under the influence of an alcoholic beverage? Yes 🗆 Are you now under the influence of a narcotic drug? No B Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of father (a) Full name of father of dependent children Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of tather (State or foreign country) Birthplace of lether (State or foreign country) (b) Full maiden name of mother (b) Full maider name of mother dent childre of dependent children ence of mother (if dec Residence of mother (if dece sed, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) (a) Full name of applicant's Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) '\_ Birthplace of mother (State or foreign country) ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) immune deficiency syndrome) Bowling Date 8-22-90 Signature of Applicant Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs Clerk of Court Clerk of Court Date Date I swear/affirm that the information given State of Indiana State of Indiana I swear/affirm that the information given HENDRICKS HENDRICKS in this application is true and correct. County of in this application is true and correct. Subscribed and sworn to before me this 22 Subscribed and sworn to before me this 22 day of Muc HENDRICKS HENDRICKS Cir. CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS State of Indiana HENDRICKS Father Signed Signed Subscribed and sworn to before me this Subscribed and sworn to before me this \_ day of \_ 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 . 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 \_ County, Indiana, DENNIS RAY JOSEPH \_, authorizing the marriage of \_ dated\_\_ and AMY SUE BOWLING I further certify that the following marriage certificate was filed in my office: DANVILLE 8-22-90 CONNIE TATE (name), certify that on \_ \_ (date), at \_

DENNIS RAY JOSEPH

1ST DEPUTY CLERK

. (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit

8-22-90

(official designation)

8-22-90

Signed

AMY SUE BOWLING

County, Indiana,

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

HENDRICKS County, Indiana, dated \_\_

\_ (state), and \_\_\_

HENDRICKS

Signed by: \_\_/s/ CONNIE TATE

IN

IN

Court of \_

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

N-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 

\[
\begin{array}{c}
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\mathcal{A}
\end{array}

MALE APPLICANT	FEMALE APPLICANT
Name Rist Middle Rubinson	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	TY MANAGEMENT OF THE PARTY OF T
. daple . Ad abolinging 6158	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce ▼ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes □  If answer is "yes," has the adjudication been removed? No □ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes," has the adjudication been removed? No Yes I
2. Are you related to the female applicant closer than second cousin? No 🔯 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No ☑ Yes □
3. Are you now under the influence of an alcoholic beverage? No ™ Yes □	3. Are you now under the influence of an alcoholic beverage? No ♀ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 🖫 Yes 🗆
5. List the full names of any dependent children. Quettry, Linda,	5. List the full names of any dependent children.
Mane Helene, May Ir.	Maynord Willard Jr.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's heater translaw Rating	7. (a) Full name of applicant's
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother harry has business	mother Olle Bear toxuell
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Entriplace of mother (state of foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome) Signature of Applicant  Date 8 22-90	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 522-70	Signature of Applicant Sucy Date 277
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of réligious beliefs.  Clerk of Court
State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss:   Iswear/affirm that the information given in this application is true and correct.
Signed XXXXXX	Signed & Lucy Vall (hast
New Address	New Address 231 alpha are 8 Bury
Subscribed and sworn to before me this 22 day of 8,1990	Subscribed and sworn to before me this 2 day of 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 19
Clerk	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 authorizes and directs the	issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	
dated 3.22.90, authorizing the marriage of	ROY C. ROBINSON and
LUCY D. CAST	<b>,</b> 但是是我们的是一种,我们就是这种的。
I further certify that the following marriage certificate was filed in my of	ffice:
I, CYNTHIA J. SPENCE (name), certify that	
	SON of MARION County,
	of HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 8-	
county, Indiana, dated	[18] [18] [18] [18] [18] [18] [18] [18]
Signed by: /s/ CYNTHIA J. SPENCE 1ST DEPUTYON	
Filed and recorded in accordance with the laws of the State of Indiana on	<u>8-22-90</u> (date).
	Signed Same James Clerk
AFMI./PD I	LIENDRICKS CO. 11.5

Signed by: /s/ MYRON BARNARD

AFML/PD 1

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the

circuit court when the person applies for a marriage license under IC

### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COL

Name of Physician

County

Medical Examination or Report Dated

File g-2g-90Date of Application

31-7-3 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Date of Birth 14/Day Date of Birth Month 120/0/4 Place of Birth (State or foreign country) Place of Birth (State or foreign country) ansas Street or R.A Residence Address Street or R.R Previous Marital Status: Never Married Previous Marital Status: Never Married Last Marriage Ended By: Death □ Divorce ☑ Annulment □ Last Marriage Ended By: Death □ Divorce □ Annulment □ Date of birth verified by: 

Birth Certificate 

Other (Specify) Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No D Nous 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Yes 🗆 If answer is "yes," has the adjudication been removed? Are you related to the male applicant closer than second cousin? Yes No W Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Yes 🗆 Are you now under the influence of a narcotic drug? Are you now under the influence of a parcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of father (a) Full name of father of dependent children of dependent children Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of mother (b) Full maiden name of mother of dependent children of dependent children Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) (a) Full name of applicant's (a) Full name of applicants Residence of father (if deceased, so state) Residence of father (if deceased, so state) ndiana Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome Signature of Applicant Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs Clerk of Court Clerk of Court Date Date I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana HENDRICKS HENDRICKS n this application is true and correct in this application is true and correct County of County of . 19.90 Subscribed and sworn to before me this 23 Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court Clerk of the Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary \_ State of Indiana HENDRICKS State of Indiana HENDRICKS County of Signed Signed Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_ Subscribed and sworn to before me this \_\_\_ \_ day of \_ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued\_ authorizes and directs the issuance of a marriage license to the above named parties. 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 \_\_ County, Indiana, 8-29-90 , authorizing the marriage of \_\_\_\_\_\_ JERRY ALLEN YOUNG SHERRIE LYNN MCNETT I further certify that the following marriage certificate was filed in my office: \_\_\_ (date), at \_\_ INDIANAPOLIS MYRON BARNARD (name), certify that on \_\_\_\_ 9-1-90 MARION County, Indiana, JERRY ALLEN YOUNG \_\_\_\_ of \_\_\_ HENDRICKS \_ County. SHERRIE LYNN MCNETT HENDRICKS \_\_ (state), and \_\_\_ \_ County, \_\_\_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit HENDRICKS County, Indiana, dated 9-1-90 Court of \_

JUDGE

Filed and recorded in accordance with the laws of the State of Indiana on 9-6-90

\_\_\_\_ (official designation)

HENDRICKS

\_Circuit Court

Signed \_\_\_\_

AFML/PD 1

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

File	
	8-23-90 Date of Application
	Date of Application

492

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Stephysician

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last / Last	Name Al First Middle Mast
Date of Birth Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of R.R. City County State	Residence Address   Street or R.R. City   Columb   State
302 N. Center Hainfull	302 1/ Center Variately
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married DOR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No      Yes	Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □
If answer is "yes," has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □     If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin? No □ Yes □
3. Are you now under the influence of an alcoholic beverage? No □ Yes □	3. Are you now under the influence of an alcoholic beverage? No □ Yes □
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Foll name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (ff deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden hame of mother of dependent children
Residence of mother (If deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's faul of The Theraph	7. (a) Full name of applicant's Selphales Messey
Residence of father (if deceased, so state) Danwille An.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Mary Surand	(b) Full maiden name of applicant's Pannie Partel
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	
I acknowledge that I have received information regarding 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	I acknowledge that I have received information regarding 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
The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana  County of HENDRICKS  Ss:   I swear/affirm that the information given in this application is true and correct	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct
County of HENDRICKS in this application is true and correct.	County or
New Address 300 N. Center St. Disinsield In 46168	signed Elizabeth A. Messer
Subscribed and sworn to before me this 3 day of 2000 1990	New Address 302 N. Center Plainfield on Subscribed and sworn to before me this 3 3 day of 3 and 1990 40
Man Court Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 23 day of 1940 40
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8.23.90 , authorizing the marriage of	
	and.
ELIZABETH A. MESSICK	
I further certify that the following marriage certificate was filed in my o	
	on 8-23-90 (date), at DANVILLE in
HENDRICKS County, Indiana, JEFFREY L. MCVEI	
IN (state), and ELIZABETH A. MESSIC	or county,
	l under a marriage license that was issued by the Clerk of the Circui
Court of HENDRICKS County, Indiana, dated 8	-23-90
Signed by:/s/ UNANICE S. CHILEWSKI , CHIEF DEP	UTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana or	[20] [10] [10] [10] [10] [10] [10] [10] [1
and the state of finding of	
	Signed Clerk

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

File 8-23.90
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.

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Williams	Name — First Middle Brown
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Province Marital Status, Naco Maria CT	- Same
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate DOther (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 🔼 Yes 🗆
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No X Yes	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No 🗓 Yes 🗆	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No   ▼ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Romes When Williams	7. (a) Full name of applicant's
Residence of father (if deceased, so state)	father talps with book
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's
mother and some forger	mother — House Nachon
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Signature of Applicant Abdyn Brown Date 8-23
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana  HENDRICKS  I swear/affirm that the information given in this application is true and correct in this application is true and correct.	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ) in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed X matthew A Welliams	Signed X Jodym Brown 8.
New Address	New Address
Subscribed and sworn to before me this 33 day of August 19 90	Subscribed and sworn to before methis 33 day of Curg, 19 90
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
The second secon	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ss:	State of Indiana
County of HENDRICKS	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court by written order issued
nd filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
, additioning the marriage of	ATTHEW A. WILLIAMS and
JODY M. BROWN	
further certify that the following marriage certificate was filed in my or	ffice:
DANIEL B. DONOHOO (name), certify that	on10-13-90 (date), atBROWNSBURG in
HENDRICKS County, Indiana, MATTHEW A. WILL	
IN (state), and JODY M. BROWN	HENDRICKS County,
그녀는 어느 이번 내가 살이 되는 그런 사는 이번 중심하는 반에는 불자 보면 아름이 되었다.	County,
IN (state) were married by me as authorized	under a marriage license that was issued by the Clerk of the Circuit
THE IDDICATE THE INTERIOR OF THE AS AUTHORIZED	10 00
Court of HENDRICKS County, Indiana, dated 10-	
Court of HENDRICKS County, Indiana, dated 10-	
Court of HENDRICKS County, Indiana, dated 10- igned by: /s/ DANIEL B. DONOHOO , CATHOLIC PR	IEST (official designation)
Court of HENDRICKS County, Indiana, dated 10-ligned by: _/s/ DANIEL B. DONOHOO , CATHOLIC PR	IEST (official designation)

AFML/PD1

### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

8-24-90
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

Name of Physician

Stephen

C. Tleeger

HENDRICKS

\_Circuit Court

	MALE APPLICANT	FEMALE APPLICANT
	Name & First & Middle ' & Last'	Name Wirst Middle Sast Jake
	Date of Birth Month Day Year	Date of Birth Month / 2 Day Year Ca
	9 49	12 5
	Place of Birth (State or greign country) Okla.	Place of Birth (State or toreign country)
	Residence Address Street or R.R. Scity County State	Residence Address Street or R.R. City County State
	Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married OR
	THE RESIDENCE PROPERTY OF THE PARTY OF THE P	
	Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
	Date of birth verified by:   Birth Certificate Cather (Specify)	Date of birth verified by:   Birth Certificate Other (Specify) Dunle View.
	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
	If answer is "yes," has the adjudication been removed?  No / Yes /	If answer is "yes," has the adjudication been removed?
	2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes
	3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
	4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
	5. List the full names of any dependent children. Juil Larupsa 17	5. List the full names of any dependent children.
Sandra,	16 yrs, Sena 14-yrs, Nawna Byrs, Jana 11 yrs, Marla 10 y	
	6. (a) Full name of father	6. (a) Full name of father
	of dependent children	of dependent children
	Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
	(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
	Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	7. (a) Full name of applicant's - 9/ 1 #	7. (a) Full name of apppiycapy's (
	father Calven Walle Miles mer	father hallestygene St. John
	Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Chunence On.
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
	(b) Full maiden name of applicant's Larraine Jenkinson	(b) Full maiden name of applicant's mother Tula Jak
	Residence of mother (if deceased, so state) Indunipalis In	Residence of mother (if deceased, so state) Kneinence in
	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
		Bittiplace of mother (State of foreign country)
	ACKNOWLEDGMENT	ACKNOWLEDGMENT
	I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
	Signature of Applicant Jacy N. Guosen Date 8.24-70	Signature of Applicant Many Ann St John Date 8-24-90
	The shows applicant has shipsted to resid the burst to settlement to the state of t	
	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
	Clerk of Court Date	Clerk of Court Date
	State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
	State of Indiana County of HENDRICKS  ) ss:   swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
	Signed Jany 2. Gussame	- m 1 51 0.4
	New Address Same	Signed Mary Ann St Cohn New Address Same
	Subscribed and sworn to before me this 24th day of Cing 1990	Subscribed and sworn to before me this 24 day of George 19.90
	Chance Rawson Clerk of the HENDRICKS Circuit Court	Christ Lawren Clerk of the HENDRICKS Circuit Court
		Circuit Court
	CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	State of Indiana HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
	County of HENDRICKS	County of
	Signed Father	Signed Father
	Signed Mother	Signed Mother
	Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
	Clerk	Clerk
	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	County	Court, by written order issued
	and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
	RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
	I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County Indiana
	0 01/ 01	county, indiana,
	dated 8-24-90 , authorizing the marriage of LAI	RRY DAVID GRIESMER and
	MARY ANN ST. JOHN	
	I further certify that the following marriage contificate was filed in	fliggs
	I further certify that the following marriage certificate was filed in my o	
		on9-14-90 (date), atSTILESVILLE in
	HENDRICKS County, Indiana, LARRY DAVID GRID	
	IN (state), andMARY ANN ST. JOHN	of HENDRICKS County,
	IN (state) were married by me as authorized	under a marriage license that was issued by the Clerk of the Circuit
	HENDDICKS	9-14-90
	Signed by: _/s/ V. RAY DIXON REVERAND	
		(official designation)
	Filed and recorded in accordance with the laws of the State of Indiana on	9-18-90 (date).
		Signed Signed Clerk
		Clerk

### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_\_ County

No.	495	
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 Congel Colors, M. Co.

MALE APPLICANT	FEMALE APPLICANT
Name A First A Middle Last	Name   First   Middle   Last
Date of Birth Month Day Year 929	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
1/2	- D.
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce ☑ Annulment □	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
CONTROL OF THE SECTION OF THE SECTION OF	
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No 🗹 Yes 🗆	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No W Yes	4. Are you now under the influence of a narcotic drug?  No the Yes   5. List the full names of any dependent children.   The land the full names of any dependent children.
5. List the full names of any dependent children. And the Aller And Angle	5. List the full names of any dependent children.
6. (a) Pull name of father	6. (a) Fall name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden partie of mother of dependent children	(b) Full maidén name of mother of dependent shildren
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Bighplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Plants Affilia	7 (a) Full name of applicants
father & sugara . Williscon	father Jugine Hause
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Mildred Decrant	(b) Full maiden name of applicant's Josetta Herrich
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Spenier, An .
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACCINOMI FROMENT
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 24 any 90	Signature of Applicant & Ahryl & Milles Date 24 aug 90
Signature of Applicant	Signature of Applicant / Muryld / Miles Date 24 (111)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS, ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Dank Stern 24 any 90	Signed X Shery & Miller
New Address SAME AS ABOVE	New Address Parke
Subscribed and sworn to before me this 24 day of Quan, 1920	Subscribed and sworn to before me this 24 day of 1920
Connect Agrees Clerk of the HENDRICKS Circuit Court	Committee Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IS MADDIAGE LIGHTED BY CORDED OF COURT	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-24-90 , authorizing the marriage of	HAROLD ROBERT PATTERSON and
SHERYL LYNN MILLER	
I further certify that the following marriage certificate was filed in my of	fina:
I, ALEX R. VOILS JR. (name), certify that	
HENDRICKS County, Indiana, HAROLD ROBERT PATERING SHERYL LYNN MILLES	R HENDRICKS
(state), and	OICounty,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 9-1	4-90
Signed by:/s/ ALEX R. VOILS JR JUDGE PRO TEMPORE (official designation)	
	9-14-90
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

No	
File _	2/2/2
	Date of Application

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

MALE APPLICANT	FEMALE APPLICANT
Name First () Middle Last	Name First Middle Last
Date of Birth Month Day 1979	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.B. City County State	Residence Address / Street or R.R. City County State
3236 Dry Atoka apt 16 Indple Dend.	3236 Dry Pto By apt 16, Greph Hend.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 17 Yes 1	1. Are you now or have you ever been adjudged to be of unsound mind? No @ Yes C
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin?     No Yes       Are you now under the influence of an alcoholic beverage?	Are you related to the male applicant closer than second cousin?  No P yes C  Are you now under the influence of an alcoholic beverage?  No P yes C
Are you now under the influence of an alcoholic beverage?     No    ✓ Yes    ✓     Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes
5. List the full names of any dependent children. Fruth Vara Augus	5. List the full names of any dependent children. Taith Tasa Ceylons
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maider hane of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Robert & august	7. (a) Full name of applicant's Alexan 7. Dotu
Residence of father (if deceased, so state) Clauxton A.	Residence of father (if deceased, so state) Polaria, Son.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Thoulan Reichert	(b) Full maiden name of applicant's plan 115. April 15
Residence of mother (if deceased, so state) Income soft, On	Residence of mother (if deceased, so state) Plainfield:
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Shully Date 834-90	Signature of Applicant Date 2490
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
Signed & John Dayers.	signed & Debaral D. DOLY
New Address Same	New Address Same
Subscribed and sworn to before me this EL day of	Subscribed and sworn to before me this 24 day of 400, 19.20
	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-24-90 , authorizing the marriage of J	OHN DAVID AYRES and
DEBORAH DEVON DOTY	and the second s
I further certify that the following marriage certificate was filed in my of	fice:
I, JANICE S. CHILEWSKI (name), certify that on 8-24-90 (date), at DANIVLE in HENDRICKS County Indiana, JOHN DAVID AYRES	
HENDRICKS County, Indiana, JOHN DAVID AYRES OF HENDRICKS County  IN (state), and DEBORAH DEVON DOTY OF HENDRICKS County	
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 8-	
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	8-24-90 (date).
	Signed Lonni Lawren Clerk
AFML/PD 1	HENDRICKS Cinquit Count

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

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.

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
245 O. Vine St. Tayl	- 245 N. Vine St. POIL
Previous Marital Status: Never Married R OR	Previous Marital Status: Never Married 💢 OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate C Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin? No 💢 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No 💆 Yes 🗆
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No □ Yes □
4. Are you now under the influence of a narcotic drug? No D Yes	4. Are you now under the influence of a narcotic drug? No □ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's and Eugene & Marrough	7. (a) Full name of applicant's Handle W. House
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Moras Park Ad.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Working and
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	Birdipace of mother (State of foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 8-24-90	immune deficiency syndrome).
Signature of Applicant August Date 527-70	Signature of Applicant Signature of Applicant Date 3-24-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS () ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed & Call & Kartley	Signed time my fleyel
New Address	New Address
Subscribed and sworn to before me this 21 day of 1990	Subscribed and sworn to before me this 24 day of 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ss:
Oddiny of	County of
Signed Father	Signed Father
Signed Mother Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the i	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	HENDRICKS
dated, authorizing the marriage ofS	COTT E. BARTLEY and
TINA M. LLOYD	
I further certify that the following marriage certificate was filed in my of	fice:
I, MICHAEL L. ELLINGTON (name), certify that of	on 8-25-90 (date), at MOORESVILLE in
MORGAN County, Indiana, SCOTT E. BARTLE	
IN(state), andTINA M. LLOYD	HENDRICKS COMMEN,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 8-	25-90
	(ometar designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-28-90 (date).
	Signed Some Journ Clerk
	CIETA

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

File .	
	8-27-90
	Date of Application

894

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

MALE APPLICANT	FEMALE APPLICANT
Name Matchew Wayne Sakreider	Name Barbara Grances Cain
Date of Birth November 19 1966 Year	Date of Birth April 1 1968 Year
Place of Birth/State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State A	Residence Address Street or R.R. City Coupty State
1301 Caron Way Cept #303 Delerwook	306 Stegged Rd. Florigues In. 46168
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
7	11
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🖰 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 4 Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No 🗗 Yes 🗆
3. Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage? No ♣ Yes □
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	700
6. (a) Eull name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (If-deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of prother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant of arren Maure Schreider	7. (a) Full name of applicants mas Altan Caix
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's 1	(b) Full maiden name of applicant's
mother Christie Class Theres	mother fatricia Marie Niese
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome)
Signature of Applicant Math M. Selm — Date 8-27-90	Signature of Applicant Abashasa Gas Date 8-27-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  Signed Method Man 4 303 German 1 4043  Subscribed and sworn to before me this 3 7th day of Ougust 19 90	County of HENDRICKS  Signed Partners (a)  New Address X / 201 Cap son Way Apt 303 Green woon (A)
Subscribed and sworn to before me this a 10 day of Cugat 1990	Subscribed and sworn to before me this 37 day of Queyest, 1990 46
Correct Reuson Clerk of the HENDRICKS Circuit Court	Connectauses Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
	County of)
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-27-90, authorizing the marriage of M	ATTHEW WAYNE SCHNEIDER and
BARBARA FRANCES CAIN	
I further certify that the following marriage certificate was filed in my or	ffice
가게 하나 아내는 아내는 아들이 하는 것이 하는 것이 아니는 것이 없다면 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다면 하는 것이 없다면 없다면 없다면 없다면 없다면 없다면 없다면 다른 것이다면 없다면 없다면 없다면 없다면 없다면 없다면 없다면 없다면 없다면 없	
	on 9-8-90 (date), at DANVILLE in
HENDRICKS County, Indiana, MATTHEW WAYNE SCH	
IN (state), and BARBARA FRANCES CA	of HENDRICKS County,
IN (state) were married by me as authorized	under a marriage license that was issued by the Clerk of the Circuit
HENDRICUS	3-27-90
Signed by: _/s/ H. THOMAS PITCHER MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-11-90 (date).
	1 8
	Signed Clerk

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

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.

MALE APPLICANT	FEMALE APPLICANT	
Name Offirst Middle Bennett	Name Bristiana Middle Lennis	
Date of Birth O Month 2 Day 949 Year	Date of Birth Month Jacks Year	
Place of Birth (State or (Greign country)	Place of Birth-State or foreign country)	
Residence Address Street or R.R. City County State	Residence Address Street or, R.R. City County State	
1720 Kansey An Wainfield In 46/68	- 1750 Kansing In Hairfull & 46/68	
Previous Marital Status: Never Married  OR	Previous Marital Status: Never Married OR	
Last Marriage Ended By: Death □ Divorce ♠ Annulment □	Last Marriage Ended By: Death □ Divorce ♣ Annulment □	
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	
2. Are you related to the female applicant closer than second cousin? No D Yes	2. Are you related to the male applicant closer than second cousin? No ( Yes )	
3. Are you now under the influence of an alcoholic beverage? No	3. Are you now under the influence of an alcoholic beverage? No   Yes □	
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?	
5. List the full names of any dependent children. Thank a. Listutt	5. List the full names of any dependent children. Damartha J. Flerry, Drian K. Llensen	
6. (a) Full name of father	6. (a) Full hame of father	
of dependent children	of dependent children	
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)	
Birthplace of mother (State or foreign country)	Berthplace of mother (State or foreign country)	
7. (a) Full name of appropriates S. Berrett	7. (a) Full name of applicant's applicant's C. Statler	
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
(b) Full maiden name of applicant's mother Transes & Beine	(b) Full maiden name of applicant's c. Spear	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Princesota	
AOVANAM EDOMENT		
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
immune deficiency syndroms and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms) and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms).  Signature of Applicant  Date: 8/27/90	Signature of Applicant Part an assering Date 8-27-90	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court Date	Clerk of Court Date	
State of Indiana County of HENDRICKS ) ss:   I swear/affirm that the information given is this application is true and correct.	State of Indiana  County of HENDRICKS  ) ss: I swear/affirm that the information given in this application is true and correct	
	County of HENDRICKS ) in this application is true and correct.	
signed Cla D. Bennett	Signed & Day alans Henry	
New AddresX SAME	New Address Same	
Subscribed and sworn to before me this day of 19  Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of	
The same is a second of the same of the sa		
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN	
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
State of Indiana County of HENDRICKS  ss:	State of Indiana HENDRICKS ) ss:	
Signed Father	Signed Father	
Signed Mother	Signed Mother	
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19	
Clerk	Clerk	
	A marriage license having been refused to the above named parties, the	
and filed in authorizes and directs the	Court, by written order issued support of a marriage license to the above named parties.	
RETURN OF MARRIAGE LICENS		
	HENDRICKS	
I certify that there was filed in my office a marriage license issued by the		
dated, authorizing the marriage of	ALAN DEE BENNETT and	
BARBARA SUE HENRY		
I further certify that the following marriage certificate was filed in my office:		
I, GEORGE PLASTERER (name), certify that on 8-31-90 (date), at PLAINFIELD in		
HENDRICKS County, Indiana, ALAN DEE BENNETT of HENDRICKS 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 8-31-90		
Signed by: _/s/ GEORGE PLASTERER,CLERGY (official designation)		
Filed and recorded in accordance with the law of the Great St. 11 9-6-90		
	(date).	
	Signed	
AFML/PD I	HENDRICKS Cinquit Count	

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

-	Date of Application
File	
No.	500

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	(2 H
1415 4th Place Vera Beach Harda)	Hesidence Address Street or R.R. City County State
Previous Marital Status: Never Married B OR	Previous Marital Status: Never Married D. OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate Cother (Specify)	Date of birth verified by: Birth Certificate DOther (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🖼 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No      Yes
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No 🖳 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No ♥ Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 也 Yes 口
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children break tredrick yours
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's
father the thing the state of t	father
Residence of father (if deceased, so state) Lond Brook House	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	Birthplace of father (State or foreign country)
mother Talle of applicant's Patrician Villery	(b) Full maiden name of applicant's Meraldice Siells
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Lyan Man Myen Date 27 Avg 90	Signature of Applicant & Kathleen L. Meryan Date 8/27/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.
	Clerk of Court Date
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
Signed & Jay Man Myers	signed & Kathleen L. Heryan
New Address Same as above	New Address
Subscribed and sworn to before me this 2 day of 1990	Subscribed and sworn to before me this 27 day of 2007 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ss:
	County of
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
County	Court, by written order issued
and filed in, authorizes and directs the i	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-27-90 , authorizing the marriage of	
	JAY A. MYERS and
KATHLEEN L. YERYAR	
I further certify that the following marriage certificate was filed in my of JAMES A. JONES (name) certify that	
(name), certify that (	이 이 때문에서 살아 먹어요. 이 얼마 집에 되었다면 하는 것이 되었다면 하는 것이 되었다면 하는데 하다 없다면 하는데 없다면 하는데 하는데 되었다면 하는데
County, Indiana,	of INDIAN RIVER County,
	RYAR of HENDRICKS County,
HENDROVO	under a marriage license that was issued by the Clerk of the Circuit
country, indiana, dated	
Signed by:/s/ JAMES A. JONES, MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-5-90 (date).
	1 2 1
AFMI/PD I	Clerk

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

File S-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

Flust Clements

	FEMALE APPLICANT
Name First K Middle Amorou	Name Robert & Middle & Last
Date of Birth Mopth Day Year	Date of Birth Month Day Year A
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address / Street or B.R. City County State
Previous Marital Status: Never Married ID OR	1554 James Hr. 1 egg
THE RESERVE OF THE PARTY OF THE	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves	1. Are you now or have you ever been adjudged to be of unsound mind? No 🛛 Yes 🗆
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?      No     No     No     No     No     No	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a parcotic drug?  No D Yes D
4. Are you now under the influence of a narcotic drug?  No  Yes   5. List the full names of any dependent children.	Are you now under the influence of a narcotic drug?  No Yes  List the full names of any dependent oplidren.
	Samara Koach
6. (a) Full name of father	6. (a) Full name of father
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full marden name of mother	(b) Full maigen name of mother
of dependent children	of dependent children
Birthplace of mother (State or foreign country)	Residence of mather (if deceased, so state)
7. (a) Full name of applicant's	7. (a) Full name of applicant's
father James W. (amuron)	father lerry & Dateman
Residence of father (if deceded, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	Birthplace of father (State or foreign country)
mother Detting Farter	(b) Full maiden name of applicant's athy Donne
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant A/DK Co Date 8/27/90	Signature of Applicant Aboven d. Tenned pate 8-27-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.
	Clerk of Court Date
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  ss:   I swear/affirm that the information given in this application is true and correct.
Signed X / JK Ca	
New Address	Signed & Doven & Ronnedy New Address
Subscribed and sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to be sworn to	Subscribed and sworn to before me this 27 day of Quay 1940
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) sec	State of Indiana
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	State of Indiana HENDRICKS ) ss:  Signed Father
Signed Father Signed Mother	County or)
Signed Father Signed Mother  Subscribed and sworn to before me this day of 19	Signed Father
Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk	Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk
Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Signed Father Signed Mother Subscribed and sworn to before me this day of 19  Clerk A marriage license having been refused to the above named parties, the
Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk	Signed Father Signed Mother Subscribed and sworn to before me this day of 19  Clerk A marriage license having been refused to the above named parties, the
Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county authorizes and directs the interest of the county authorizes and directs the county	Signed
Signed	Signed

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

8-28-90
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.

MALE APPLICANT	FEMALE APPLICANT
Name First & Middle Rast	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce ☑ Annulment □	THE WALL STREET, SALES AND ASSESSMENT OF THE PARTY OF THE
Date of birth verified by:   Birth Certificate (Specify)	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by. D birth Certificate (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 1/2 Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes C
If answer is "yes," has the adjudication been removed?  No □ Yes □  Are you related to the female applicant closer than second cousin?  No □ Yes □	If answer is "yes," has the adjudication been removed?  No  Yes   Assured to the male and least the second
<ol> <li>Are you related to the female applicant closer than second cousin? No ♥ Yes □</li> <li>Are you now under the influence of an alcoholic beverage? No ▼ Yes □</li> </ol>	<ol> <li>Are you related to the male applicant closer than second cousin?</li> <li>Are you now under the influence of an alcoholic beverage?</li> <li>No ♥ Yes □</li> </ol>
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No X Yes
5. List the full names of any dependent children. Misty & Hosthand.	5. List the full names of any dependent children.
6 (a) Full come of father	- Master III.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Robert & British	7. (a) Full name of applicant's father booking & latena
Residence of father (if deceased, so state) Elsa ONix	Residence of father (if deceased, so state) The State OH
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Shinker & Palain	(b) Full maiden name of applicant's Council of Severi
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	I acknowledge that I have received information regarding 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  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS  ) ss:   swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
Signed X Walter Bats	South of the art of th
New Address	Signed I Janey J. James
Subscribed and sworn to before me this 38 day of 000, 19 90	New Address  Subscribed and sworn to before me this day of
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana	
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the i	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	
I certify that there was filed in my office a marriage license issued by the	
dated 8.28.90 , authorizing the marriage of WA	ALTER L. BATES and
NANCY J. JAMES	
I further certify that the following marriage certificate was filed in my of	
TOMMY L. FARIS (name), certify that	
MARION County, Indiana, WALTER L. BATES	of HENDRICKS County,
IN (state), and NANCY J. JAMES	of KNOX County,
IN (state) were 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-	
	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-5-90
	(date).
	Signed
	HENDRICKS Circuit Court

AFML/PD 1

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the

circuit court when the person applies for a marriage license under IC

#### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS Co

County

Medical Examination or Report Dated

File 8/98/90
Date of Application

Name of Physician 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Last Date of Birth Date of Birth Month 19 Year Day Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. County Street or R.R. Residence Address anessa Previous Marital Status: Never Married Previous Marital Status: Never Married OR Death □ Divorce ☑ Annulment □ Last Marriage Ended By: Death □ Divorce ☑ Annulment □ Last Marriage Ended By: Date of birth verified by: 

Birth Certificate 

Other (Specify) 

Aurum Lules Date of birth verified by: 

Birth Certificate Dother (Specify) Are you now or have you ever been adjudged to be of unsound mind? No D Yes D 1. Are you now or have you ever been adjudged to be of unsound mind? No Ves If answer is "yes," has the adjudication been removed? No □ Yes □ If answer is "yes," has the adjudication been removed? No □ Yes □ Are you related to the female applicant closer than second cousin? No 🖾 Yes 🗆 Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No 4 Yes No P Yes Are you now under the influence of an alcoholic beverage? No Ves No D Yes D Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children... none (a) Full name of father of dependent children of dependent children Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of mother (b) Full maiden name of mother of dependent children of dependent children Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) (a) Full name of applicant's (a) Full name of applicant's father \_ father Residence of father (if deceased, so state) Residence of father (if deceased, so state) \_ Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) \_ (b) Full maiden name of applicant' Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) \_ Birthplace of mother (State or foreign country) **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome), immune deficiency syndrome Man shompson Date 8-28-90 X Signature of Applicant William Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs acknowledgment because of religious beliefs Clerk of Court Clerk of Court swear/affirm that the information given State of Indiana State of Indiana I swear/affirm that the information given HENDRICKS HENDRICKS in this application is true and correct in this application is true and correct Subscribed and sworn to before me this 28 day of aug 19 90 ally , 19\_ Clerk of the HENDRICKS Clerk of the HENDRICKS Circuit Court daurson Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary State of Indiana State of Indiana HENDRICKS HENDRICKS County of \_\_\_ County of \_ Signed \_ Father Signed \_ Signed Subscribed and sworn to before me this Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued\_ and filed in\_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ County, Indiana, WILLIAM ALAN THOMPSON authorizing the marriage of \_\_\_ dated SHIRLEY MARIE DAVIS I further certify that the following marriage certificate was filed in my office: CYNTHIA J. SPENCE (name), certify that on 8-31-90 (date), at DANVILLE \_ County, Indiana, \_ WILLIAM ALAN THOMPSON SHIRLEY DAVIS \_ (state), and \_\_\_ of \_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit HENDRICKS County, Indiana, dated \_ 8-31-90 Court of \_ Signed by: /s/ CYNTHIA J. SPENCE 1ST DEPUTY CLERK (official designation) 8-31-90 Filed and recorded in accordance with the laws of the State of Indiana on . (date). Signed Clerk

HENDRICKS

Circuit Court

AFML/PD 1

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

le	
	8-28-90
	Date of Application

504

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

Female

Medical Examination or Report Dated - 8-28-98

Name of Physician 114. Hemelslein

HENDRICKS

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Brakley allen Beddle	Name Shelli Chigabeth Will
Date of Birth Month 2 Pear 7/	Date of Birth Month 11 Day 23 Year 68
Place of Birth (State onforeign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State Sanaelle
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	/) Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by:   Birth Certificate Of Other (Specify) School Mandal U	Date of birth verified by: SBirth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐     If answer is "yes," has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Xes
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children
S. (a) Sull and other	Type charles sill signs.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of appropriant's father than the Buddle	7. (a) Full name of applicant's father Land Hugh Hill
Residence of father (if deceased, so state) Morrovia In.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Magdle	(b) Full maiden name of applicant's way Manning
Residence of mother (if deceased, so state) morroack	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOW SPONSIVE
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Brud Biddle Date 8-28-90	Signature of Applicant Selection Date 8-28-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS   I swear/affirm that the information given in this application is true and correct.
Signed Bud Biddle	South of the same constitution of the same con
New Address Same	Signed New Address Some
Subscribed and sworn to Betsceme this 28th day of Chargest 19.90	Subscribed and sworn to before me this the day of weeper 1990
Court Ourse of the HENDRICKS Circuit Court	Conne Causen Cierk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ss:	State of Indiana
County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the  Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	
dated 8-28-90 , authorizing the marriage of BRA	and.
SHELLI ELIZABETH GILL	
I further certify that the following marriage certificate was filed in my of	
	on 8-28-90 (date), at DANVILLE in
HENDRICKS County, Indiana, BRADLEY ALLEN B	OF HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 8-	28-90
Signed by:/s/ CONNIE TATE IST DEPUTY	CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Clerk

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

8-28-90 Date of Application

505

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle / Last when	Name Mary Clinabeth and Last Wetches
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City Jounty State Woreswell	Residence Address Street or R.B. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes □  If answer is "yes," has the adjudication been removed?  No □ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 🗹 Yes 🗆	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?     No	4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Collect / Vinton ( noulle	7. (a) Full name of applicant's Marker Mitchell
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicants with Lostetler	(b) Full maiden name of applicant's
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test attest for the virus that causes AIDS/(acquired
Signature of Applicant Court Standard Date 8-28-90	immune deficiency syndrome).
	Signature of Applicant X Mary Wycholl Date \$128190
The above applicant has objected to verifying by oath or affiguration or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
Clerk of Court Date	
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.
Signed Lobert Jhe (Rung)	Signed & Mary Michell
New Address	New Address
Subscribed and sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to before me this and day of the sworn to be	Subscribed and sworn to before me this 38 day of 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed X Delena, Bello Mother Subscribed and sworn to before me this 3 day of 2 1990	Signed Guther a unnell Mother
Subscribed and sworn to before me this as day of stage, 19 Clerk	Subscribed and sworn to before me this 38 day of Quay, 1990 Clerk
	- VIVII
and filed in authorizes and directs the	A marriage license having been refused to the above named parties, the  Court, by written order issued  issuance of a marriage license to the above named parties
	E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County Indiana
I certify that there was filed in my office a marriage license issued by the	County, Indiana,
dated 8-28-90, authorizing the marriage of R	OBERT L. CRAWLEY and
MARY E. ANN MITCHELL	- 1일이 이렇게 되면 보았습니다. 그 보호를 이번 바다를 다 된다. 그렇게 되었다.
I further certify that the following marriage certificate was filed in my o	
I, CYNTHIA J. SPENCE (name), certify that	
HENDRICKS County, Indiana, ROBERT L. CRAWLE IN MARY E. ANN MITCHE	LL HENDRICKS
(state), and	of County,
(state) were married by me as authorized	under a marriage license that was issued by the Clerk of the Circuit
county, indiana, dated	
Signed by: /s/ CYNTHIA J. SPENCE , IST DEPUTY	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
Filed and recorded in accordance with the laws of the State of Indiana on	<u>8-28-90</u> (date).
	Signed Tonnie James Clerk
	HENDRICKS Circuit Court

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

506

8-28-90

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.

MALE APPLICANT	FEMALE APPLICANT
Name Stephen Edwin Clegar	Name Lheresa Lymne, meller)
Date of Birth Month Day Wear	Date of Birth Month Day Year 1958
Place of Birth (State or foreign country) Induand	Place of Birth (State or foreign country) Indiana
Residence Address Street or R.B. City County State Mcanglet plan Hendresked M	Residence Address Street or R.B. City County State IN
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married   OR
Last Marriage Ended By: Death □ Divorce ☑ Annulment □	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify)   Lon Lec	Date of birth verified by:   Birth Certificate   Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No  Yes   Yes	Are you now or have you ever been adjudged to be of unsound mind? No  Yes
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 🖂 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No P Yes
Are you now under the influence of an alcoholic beverage?     No Yes       Are you now under the influence of a narcotic drug?     No Yes	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No D Yes D
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No D Yes D  S. List the full names of any dependent children. William M. Mill  Quant J. Muller
6. (a) Full name of father	6. (a) Full name of father of dependent children wellen mmeller
of dependent children	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother
Residence of mother (if deceased, so state)	of dependent children
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father Month w. Cregar	7. (a) Full name of applicant's Vistor Britant
Residence of father (If deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Close 3. Shepler	(b) Full maiden name of applicant's mother The small Diene Swank
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) — Prod;
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
mmune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Stephens. Cugar Date Quegos, 96	Signature of Applican Reus & middle Date any 28 9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
the state of the s	State of Indiana ) I swear/affirm that the information given
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Stephen E. Cregar	Signed There I miller
New Address 2359 2HD ST PLANKIELD Ju 46165	The state of the s
Subscribed and sworn to before me this 24 day of	Subscribed and sworn to before me this Ab day of Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
Ne, the parents of this applicant, hereby give consent for this marriage. If only one parent signs.	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ss:	Constitution
county of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother bubscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of, 19
A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in authorizes and directs the i	
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
lated 8-28-90 , authorizing the marriage of	STEPHEN EDWIN CREGAR and
THERESA LYNNE MILLER	
further certify that the following marriage certificate was filed in my of	ffice:
CYNTHIA J. SPENCE (name), certify that	on 8-28-90 (date), at DANVILLE in
HENDRICKS County, Indiana, STEPHEN EDWIN CH	ofCounty,
IN (state), andTHERESA LYNNE MILI	County,
DEVIDICUE	under a marriage license that was issued by the Clerk of the Circuit
ourt of HENDRICKS County, Indiana, dated	
igned by: /s/ CYNTHIA J. SPENCE , 1ST DEPUTY (	CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-28-90 (date).
	Signed Tonnie Journe Clerk
PML/PD I	
	HENDRICKS Circuit Court

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

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.

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1000 Modowo En. Mareaulle Val.	318 Mento vol for shapps. Horavela 19
Previous Marital Status: Never Married 🖫 OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: `□ Birth Certificate □ Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 反 Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No 💆 Yes 🗆
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ⊠ Yes □	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No 囟 Yes □	3. Are you now under the influence of an alcoholic beverage?  No  Yes   Are you now under the influence of a narcotic drug?  No  Yes  Yes
4. Are you now under the influence of a narcotic drug? No 中 Yes □	4. Ale you now and the initiation of a factorial and
5. List the full names of any dependent children.	5. List the full names of any dependent children.
THE RESIDENCE OF THE PARTY OF T	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of mother
(b) Full maiden name of mother of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's James O. Shoulders	7. (a) Full name of applicant's Hoory D. Nice
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's Sandra S. Smith
mother Moser 3. Emparagn	Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding 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 Lemmifer & Puce Date 8-28-90
Signature of Applicant January Statute 2128750	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs.  Clark of Court.  Date	Clerk of Court Date
CIEIX OF COURT	I was a fallium that the information given
State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: In this application is true and correct.
Signed X Jean & Showlden	Signed Jennifer & Pice
New Address Same as about	New Address
Subscribed and sworn to before me this 28 day of 1990	Subscribed and sworn to before me this 28 day of
Clerk of the HENDRICKS Circuit Court	Torrie dans Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Coute of Indiana	State of Indiana HENDRICKS ss:
State of Indiana County of HENDRICKS ss:	County of
Signed Father	Signed Father
Signed Mother	Signed Mothe
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	e issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana
dated 8.28.90 , authorizing the marriage of	JAMES RAY SHOULDERS and
JENNIFER LEE NICE	
	office:
I further certify that the following marriage certificate was filed in my	t on 9-22-90 (date), at SPPEDWAY i
MARION County, Indiana, JAMES RAY S	HENDDTOVE
IN (state), and JENNIFER LEE NICE	orcount.
	d under a marriage license that was issued by the Clerk of the Circu
Court of HENDRICKS County, Indiana, dated 9-	-22-90
Signed by: /s/ ANDREW P. CROWLEY , MINIST	TER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana of	on 9-25-90 (date).
1 net and recorded in decordance with the tambor the blate or indiana	1.2
	HENDRICKS Circuit Com

\_Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_\_ County

No.	200	
ile		
	8-29.90	
	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 \_\_\_\_\_\_\_ boys

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle \ Last
Date of Birth Month Day Year	Date of Birth Month Day 16 8 Year 49
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Province Marital Status, Nava Maria d D. CD.	- 340 Mudling Countle did:
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)	Date of birth verified by:   Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 🔀 Yes 🗆
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No   Yes □  3. Are you now under the influence of an alcoholic beverage? No   Yes □	2. Are you related to the male applicant closer than second cousin?  No Yes   Are you pow under the influence of an electrolic bounces?
Are you now under the influence of an alcoholic beverage?     No ☑ Yes □     Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father of dependent children	(a) Full name of father     of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Reserve Shows M with	7. (a) Full name of applicant's who have the
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Control States Change Praise	(b) Full maiden name of applicant's Holler & Latters
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	I acknowledge that I have received information regarding 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 8/27/90	Signature of Applicant Selly Heloron Date 3 399
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.  Clerk of Court
	State of Indiana ) I swear/affirm that the information given
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.  Signed Stelly Letton
New Address	Signed Start
Subscribed and sworn to before me this A day of Qua 1990	Subscribed and sworn to before me this 29 day of Own 190
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	Sale lade which make the consent of the other parent difficessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	County of
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the i	Court, by written order issued
RETURN OF MARRIAGE LICENSI	
I certify that there was filed in my office a marriage license issued by the	
dated 5-29-90, authorizing the marriage of CHA	RLES F. MINTON and
SALLY HALLORAN	
I further certify that the following marriage certificate was filed in my of	fice:
	on 8-29-90 (date), at DANVILLE in
HENDRICKS County, Indiana, CHARLES F. MINTO	
IN(state), andSALLY HALLORAN	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 8-2	
Signed by: /s/ CONNIE TATE 1ST DEPUTY	
Filed and recorded in accordance with the laws of the State of Indiana on	8-29-90
	(date).
	Signed Munic Naus W Clerk
AFML/PD 1	HENDRICKS Circuit Court

AFML/PD 1

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS \_ County No. File 8-3090 Date of Application

509

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

Medical Examination or Report Dated

Name of Physician Name of Physician \_

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Charles J. Middle Kerns	Name Stephenie Middle Davis
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. Sity County State
1150 R 10010 12011/11/18	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married S OR	
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Linded by.
Date of birth verified by:   Birth Certificate Cother (Specify)  C. L10	Date of birth verified by: Birth Certificate De Other (Specify) Dr. Lic Voters Rec
1. Are you now or have you ever been adjudged to be of unsound mind? No ★ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No 🛕 Yes 🗆
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No € Yes □	2. Are you related to the male applicant closer than second cousin? No ★ Yes □ 3. Are you now under the influence of an alcoholic beverage? No ★ Yes □
3. Are you now under the influence of an alcoholic beverage?  No 15. Yes   4. Are you now under the influence of a parcotic drug?  No 15. Yes   Ves    Ves   Ves    Ves    Ves    Ves    Ves    Ves    Ves	Are you now under the influence of an alcoholic beverage?      No       Yes       Yes
4. Are you now under the influence of a narcotic drug?  No 18. Yes   5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)  (b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's
7. (a) Full name of applicant's harbo Prest Kerner	father James Wester Across
Residence of father (if deceased, so state) Blung and.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's within Dun Day	(b) Full maiden name of applicant's Chapling Ero Mandey
Residence of mother (if deceased, so state) There are the state.	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
Lacknowledge that I have received information regarding dangerous communicable diseases	Lacknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 8/30/40	Signature of Applicant Stephan R Davis Date 8/30/90
	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana  State of Indiana  I swear/affirm that the information given is this application is true and correct	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS A) In this application is true and correct.	Scaliny St.
Signed X Chefille	signed & Stephanic Daus
New Address	New Address Subscribed and sworn to before me this 30 day of 1990
Subscribed and sworn to before me this 30 day of 1990  Clerk of the HENDRICKS Circuit Court	Come house Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father	SignedFather
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
9.35.56	그리다 아이를 내고 있다. 그리고 있는데 그리고 그리고 있다면 하는데 아이를 하지만 하는데
STEPHANIE R. DAVIS	
I further certify that the following marriage certificate was filed in my	
I,	. (1 Martin Carlo Ca
HENDRICKS County, Indiana, CHARLES J. KERI	IS HENDRICKS
(state), and	of County,
	d under a marriage license that was issued by the Clerk of the Circui
Court of HENDRICKS County, Indiana, dated	9-15-90
Signed by:/s/ DAVID J. BARD MINIS	STER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana of	on 9-18-90 (date).
Filed and recorded in accordance with the laws of the State of Indiana of	
	SignedCleri

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

File		
	Date of Applicat	06

510

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

Female Medical Examination or Report Dated etral exal stachenul Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name Robert Amiddle Morris 7	Name Jackie Last
Date of Birth Month Day Year	Date of Birth Month Day SYear
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
10035 Osceola Dr. Indpls IN	10035 Oseecla Dr. Traps TN
Previous Marital Status: Never Married R OR	Previous Marital Status: Never Married 🗫 OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: Birth Certificate Cother (Specify)	Date of birth verified by:   Birth Certificate Other (Specify)   C. Lic.
Are you are how you was been adjuded to be of weared wind. No St. Van D	
1. Are you now or have you ever been adjudged to be of unsound mind? No BY Yes I If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No      Yes □     If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No-⊈ Yes □	2. Are you related to the male applicant closer than second cousin? No 🗷 Yes 🗆
3. Are you now under the influence of an alcoholic beverage? No ₹ Yes □	3. Are you now under the influence of an alcoholic beverage? No ▼ Yes □
4. Are you now under the influence of a narcotic drug? No 🗷 Yes 🗆	4. Are you now under the influence of a narcotic drug? No \ Yes □
5. List the full names of any dependent children.	List the full names of any dependent children.
6 (a) Full page of father	0 (1) 5:11
6. (a) Full name of father of dependent children	(a) Full name of father     of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's ?	7. (a) Full name of applicant's R
father Karen of the second of	tather Mehand Illeran Scott
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's O	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's
mother Donne Spulle Philips	mother quality and Deat
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant & Kolvert & Marris II Date 8-30-90	Signature of Applicant Supplied Of Date Of
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct.
	M. by Marian and and contain
signed X Kalent a. Marris II	Signed Signed Signed
Subscribed and sworn to before me this 20 day of 2 19 10	New Address Subscribed and sworn to before me this 30 day of 2 190
Lounce Janton Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	SignedFather
Subscribed and sworn to before me this day of, 19	Signed Mother Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8.30.90, authorizing the marriage of F	
	and
JACKIE L. SCOTT	
I further certify that the following marriage certificate was filed in my o	
I, WILLIAM W. HATCHEL (name), certify that	on9-29-90 (date), atINDIANAPOLIS in
MARION County, Indiana, ROBERT A. MORRIS,	
IN(state), andJACKIE L. SCOTT	of HENDRICKS 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 9	
Signed by:/s/ WILLIAM W. HATCHEL MINISTER	(official designation)
	10-8-90
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed Minis Hausen Clerk
AFML/PD 1	HENDRICKS Circuit Court

AFML/PD 1

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

File 8-30-90
Date of Application

HENDRICKS

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Labert Middle Robertson	Name Shela Middle tast within
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State 462
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □ △
Date of birth verified by:   Birth Certificate Sther (Specify)  Nivers Success	2 Date of birth verified by: Birth Certificate Other (Specify)
	Are you now or have you ever been adjudged to be of unsound mind? No Yes
Are you now or have you ever been adjudged to be of unsound mind? No/✓ Yes □      If answer is "yes," has the adjudication been removed?      No □ Yes □	If answer is "yes," has the adjudication been removed?  No  Yes
Are you related to the female applicant closer than second cousin?     No Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No Z	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?  No O Yes   List the full person of any dependent children	4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.  **Tooks**  No Yes   **Tooks**  **Took
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's halves of her faller trans	7. (a) Full name of applicant's Land Lae Murph
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of application and application and applications and a
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms).  Signature of Applicant  Date  The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding 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  The 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 because of religious beliefs.  Clerk of Court Date
State of Indiana County of HENDRICKS  Signed Scale May of Aug.  New Address  Subscribed and sworn to before me this 30 day of Aug.  Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS  Signed Sheller Market the information given in this application is true and correct.  New Address  Subscribed and sworn to before me this 30 day of HENDRICKS  Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother Subscribed and sworn to before me this day of, 19	Signed Mother
Subscribed and sworn to before me this day of, 19 Clerk	Subscribed and sworn to before me this day of 19 Clerk
County	A marriage license having been refused to the above named parties, the  Court, by written order issued
and filed in, authorizes and directs the	e issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-30-90 , authorizing the marriage of	
SHEILA ROSE MURPHY	ant.
I further certify that the following marriage certificate was filed in my of the connict that the following marriage certificate was filed in my of the connict that the following marriage certificate was filed in my of the connict that the following marriage certificate was filed in my of the connict that the following marriage certificate was filed in my of the connict that the following marriage certificate was filed in my of the connict that the following marriage certificate was filed in my of the connict that the following marriage certificate was filed in my of the connict that the following marriage certificate was filed in my of the connict that the following marriage certificate was filed in my of the connict that the following marriage certificate was filed in my of the connict that the following marriage certificate was filed in my of the connict that the following marriage certificate was filed in my of the connict that the connict that the following marriage certificate was filed in my of the connict that the conni	
HENDRICKS County, Indiana, ROBERT M. ROBE	
IN (state), and SHEILA ROSE MURPH	Y of MARION County,
	d under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated	8-31-90
Signed by: _/s/ CONNIE TATE IST DEPUT	Y CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana o	
They and recorded in accordance with the laws of the State of Indiana o	. 9 (1000).
	Signed Some Rousen Clerk

\_Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

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 

MALE APPLICANT	FEMALE APPLICANT
Name The First World Middle Pandagade	Name Curthia First Widdle Last
Date of Birth / Month / Day Wear	Date of Birth June Month 2 Day 10 Hear
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. QCity Gounty J. State	Residence Address Street of R.R. City & County & State
523 Sugante Pifa Likarietes for	223 Sunnoch Paga Huranillo In
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married GOR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate D Other (Specify) Kruvers Kidese	Date of birth verified by: Birth Certificate Other (Specify) Drivers Rucius
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves	1. Are you now or have you ever been adjudged to be of unsound mind? No. Yes
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes   Yes   Yes
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □	3. Are you now under the influence of an alcoholic beverage? No 🗹 Yes 🗆
4. Are you now under the influence of a narcotic drug? No □ Yes □	4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children  Residence of father (if deceased, so state)	of dependent children
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicants which Edward Ragsdall	7. (a) Full name of applicants father
Residence of father (if deceased, so state) — House	Residence of father (if deceased, so state) Kintuckley
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Muston	(b) Full maiden name of applicant's was full forholding ,
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Kuntucky
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant John KRagadale Date 8-30-90	immune deficiency syndrome).
Signature of Applicant John Kragodole Date 8-30-00	Signature of Applicant Chithea a Volt Date 8-30-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
	Control of the second section in the second section is a second section in the second section in the second section is a section in the second section in the second section is a section section in the section is a section section in the section in the section is a section section in the section in the section section is a section section in the section section in the section section in the section section is a section
State of Indiana County of HENDRICKS  ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
Signed John K Ragodale	V Atrillie a Walt
New Address	Signed Carried A Harri
Subscribed and sworn to before me this day of	New Address  Subscribed and sworn to before me this day of 19
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father   Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
0-2860	
dated, authorizing the marriage ofJOHN	and.
CYNTHIA ANN HOLT	
I further certify that the following marriage certificate was filed in my o	
I,JAMES D. CLAYTON (name), certify that	on 9-15-90 (date), at INDIANAPOLIS in
MARION County, Indiana, JOHN KEITH RAGS	
	of HENDRICKS County,
	I under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 9.	(1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
count of county, indiana, dated	
Signed by:/s/ JAMES D. CLAYTON , PASTOR	10-1-00
Filed and recorded in accordance with the laws of the State of Indiana on	n (date).
	Signed James James Clerk
AFML/PD1	HENDRICKS Circuit Court

AFML/PD 1

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_\_ County

File 8-3/-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

Name of Physician

Name of Physician

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Pake First J. Middle . C. Last	Name List Middle Hast 1-
Date of Birth Month 7 Day 13 Year 66	Date of Birth Month Day / Year
Place of Birth (State of foreign country)	Place of Birth (State or foreign country)
Residence Address Street or B.R. City Caunty And	- Lebanon, on.
209 D. Lebann St. Legton, h.	Residence Address Street or R. City Country State City
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce ★ Annulment □
Date of birth verified by:   Birth Certificate Cother (Specify) Truste Lee	Date of birth verified by:   Birth Certificate Cother (Specify) Drivies &
Date of birth verified by. In birth certificate to birth (specify)	Date of birth verified by.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?  No □ / Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No√2 Yes □	4. Are you now under the influence of a narcotic drug? NoVEY Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	Daughass Me Kome 13 yrs.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicants thanks Crace Av	7. (a) Full name of applicant of L
Residence of father (If deceased, so state)	father The Name of American
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's	Birthplace of father (State or foreign country)  (b) Full maiden name of apprilidants
mother theregune organ	(b) Full maiden name of apprigants when the mother
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Natt Salem
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding 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 John Date 3the Jord	Signature of Applicant Lief J. Goodsue Date 8-31-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct	State of Indiana  HENDRICKS  SS: I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Calut University	Signed Sise & Goodneys
New AddressSur	Now Address William
Subscribed and sworn to before me this 31 td day of Oug 1990	Subscribed and sworn to before me this 310 day of aug 19 90
Corne Lawson Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
	County of
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County Indiana
dated 8-31-90, authorizing the marriage of	ROBERT FRANCIS CROUCH and
LISE' KAE GOODNIGHT	
I further certify that the following marriage certificate was filed in my of	ffice:
HENDRICKS DODDER FRANCIS S	on 9-8-90 (date), at LIZTON in
County, Indiana,	of County,
IN(state), andLISE' KAE GOODNIGHT	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	
County, Indiana, dated	
Signed by:/s/ KENNETH R. PAOUIN , PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-11-90 (date).
	Signed Clerk

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

File S-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

Amus Hark

HENDRICKS

\_Circuit Court

	FEMALE APPLICANT
MALE APPLICANT	
Name William David Springer	Netra to Jana
Date of Birth Month Day Year	Date of Birth Month Day 19 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street, or R.R. City, County State,
1636 N. 425E Hamille, S.	516 School St Kroundurg
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify)   Druken Kinnst	Date of birth verified by:   Birth Certificate  Other (Specify)
Date of birth verified by:	Date of Small College of the College
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No P Yes
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No 🗹 Yes 🗆	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ / Yes □	3. Are you now under the influence of an alcoholic beverage? No   ✓ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ☑ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's ( Applicant'	7. (a) Full name of applicant's Volume of the Ann Anna
lattier	Residence of father (if deceased, so state)
Residence of father (State or foreign country)	Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	(h) Full maiden name of applicant's
mother — Herry Moodey	mother the lanna Visita
Residence of mother (If deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
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  Date  The above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  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	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana County of HENDRICKS  State of Indiana HENDRICKS  State of Indiana I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
	County of
Signed W. Wigner Sprago	Signed X Delna W. Linn
New Address Same	New Address Box 239A Pittoboro, In 461
Subscribed and sworn to before me this // day of / 1990	Subscribed and sworn to before me this 3/ day of 4/1990
Connu Kauson Clerk of the HENDRICKS Circuit Court	Communication Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
County of	
	Signed Father
	Signed Mother
Subscribed and sworn to before me this day of, 19 Clerk	Subscribed and sworn to before me this day of19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	Court, by written order issued
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 9-11-90, authorizing the marriage of	WILLIAM DAVID SPRINGER and
DEBRA K. LINN	
I further certify that the following marriage certificate was filed in my	office:
I, LYNN COLEMAN (name), certify that	a aa aa
I, (name), certify that	
	PRINGER Of HENDRICKS County,
IN (state), and DEBRA K. LINN	of HENDRICKS County
IN (state) were married by me as authorized	d under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated	9-22-90
Signed by: _/s/ LYNN COLEMAN , PASTOR	
Filed and recorded in accordance with the laws of the State of Indiana o	n 9-25-90 (date).
	Signed Some Lauren Clerk
	Clerk

AFML/PD 1

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No	5/5	12
File _	<b>公司</b> (1) (1) (1) (1) (1) (1)	
	8.31.90	
	8-31-90 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 — Hanne

HENDRICKS

Circuit Court

Name   First   Middle   Last   Date of Birth   Month   Day   Year   7	Year 69  Year 69  No Yes   No Yes   No Yes   No Yes   No Yes   No Yes
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind? No Yes State of birth verified to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes State the full names of any dependent children.  8. Are you now under the influence of an alcoholic beverage? No Yes State the full names of any dependent children.  8. List the full name of father (if deceased, so state)  8. Birthplace of mother (if deceased, so state)  8. Birthplace of mother (if deceased, so state)  8. Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's father Asserting the first of dependent children.  8. Birthplace of father (State or foreign country)  8. City County State  Previous Marital Status: Never Married OR  Previous Marital Statu	No Yes   No Yes   Yes
Residence Address   Street or R.R.   City   County   State	No Yes   No Yes   Yes
Previous Marital Status: Never Married  OR  Last Marriage Ended By:  Death  Divorce  Annulment  Date of birth verified by:  Birth Certificate  Other (Specify)  Date of birth verified by:  Date of birth	No Yes   No Yes   Yes
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify) Dat	No Yes   No Yes   Yes
Last Marriage Ended By: Death   Divorce   Annulment   Date of birth verified by:   Birth Certificate   Divorce   Annulment   Date of birth verified by:   Birth Certificate   Divorce   Annulment	No Yes   No Yes   Yes
Date of birth verified by: Birth Certificate Cother (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  1. Are you now or have you ever been adjudged to be of unsound mind?  1. Are you now or have you ever been adjudged to be of unsound mind?  1. Are you now or have you ever been adjudged to be of unsound mind?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  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 mother (if deceased, so state)  Birthplace of mother (if deceased, so state)  Birthplace of mother (if deceased, so state)  Birthplace of father (if deceased, so state)	No Yes   No Yes   Yes
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  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 mother (State or foreign country)  (b) Full maiden name of mother of dependent children  Residence of mother (State or foreign country)  7. (a) Full name of applicant's father  Residence of father (State or foreign country)  8. Are you now under the influence of an alcoholic beverage?  9. List the full name of applicant of an alcoholic beverage?  9. Are you now under the influence of	No Yes   No Yes   Yes
If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children	No Yes   No Yes   Yes
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of an alcoholic beverage? 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 mother (State or foreign country)  7. (a) Full name of applicant's father  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  7. (a) Full name of applicant's father  Residence of father (if deceased, so state)  Birthplace of father (if deceased, so state)  Birthplace of father (State or foreign country)  7. (a) Full name of applicant's father  Residence of father (State or foreign country)  8. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  5. List the full name of appleanch children  Residence of father (State or foreign country)  7. (a) Full name of applicant child	No Yes D
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name 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)  7. (a) Full name of applicant's father  Residence of father (State or foreign country)  7. (a) Full name of applicant's father  Residence of father (State or foreign country)  9. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of an alcoholic beverage?  5. List the full name of applicant children  Residence of father (State or foreign country)  (b) Full name of applicant children  Residence of mother (State or foreign country)  7. (a) Full name of applicant's provide children  Residence of father (State or foreign country)  7. (a) Full name of applicant's provide children  Residence of father (State or foreign country)  7. (a) Full name of applicant's provide children  Residence of father (State or foreign c	No Yes 🗆
<ol> <li>Are you now under the influence of a narcotic drug?</li> <li>List the full names of any dependent children.</li> <li>(a) Full name of father of dependent children</li></ol>	NoNZ 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 (if deceased, so state)  Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's father  Residence of father (State or foreign country)  7. (a) Full name of father (State or foreign country)  8. List the full names of any dependent children.  6. (a) Full name 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)  7. (a) Full name of applicant's father  Residence of father (State or foreign country)  8. List the full names of any dependent children.  6. (a) Full name of father (State or foreign country)  8. Full name of father (State or foreign country)  7. (a) Full name of applicant's father  Residence of father (State or foreign country)  8. Full name of applicant's father  Residence of father (State or foreign country)  9. Full name of applicant's father  Residence of father (State or foreign country)	
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 (if deceased, so state)  Birthplace of mother (State or foreign country)  7. (a) Full name of anglicant's father  Residence of father (If deceased, so state)  Birthplace of father (State or foreign country)  7. (a) Full name of anglicant's father  Residence of father (If deceased, so state)  Birthplace of father (State or foreign country)	
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 (if deceased, so state)  Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's father  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  Full name of applicant's father  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  Birthplace of father (State or foreign country)  Full name of applicant's father  Residence of father (State or foreign country)  Birthplace of father (State or foreign country)	
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 (if deceased, so state)  Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's father  Residence of father (if deceased, so state)  Residence of father (State or foreign country)  7. (a) Full name of applicant's father  Residence of father (if deceased, so state)  Birthplace of father (if deceased, so state)  Birthplace of father (State or foreign country)  Figure 1  Birthplace of father (State or foreign country)  Birthplace of father (State or foreign country)  Figure 2  Birthplace of father (State or foreign country)  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)  7. (a) Full name of applicant's father  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	
of dependent children  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's father  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's father  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  8. (a) Full name of applicant's father  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  8. (a) Full name of applicant's father  Residence of mother (if deceased, so state)  Birthplace of father (if deceased, so state)  Birthplace of father (State or foreign country)  Birthplace of father (State or foreign country)	
Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's father  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  7. (a) Full name of applicant's father  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  Birthplace of father (State or foreign country)  Birthplace of father (State or foreign country)	
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  A state of father (State or foreign country)  Birthplace of father (State or foreign country)	
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  Birthplace of father (State or foreign country)  Birthplace of father (State or foreign country)	ist
Birthplace of father (State or foreign country) Sadiana Birthplace of father (State or foreign country)	ter, of
	ia
	erana
mother mother (if deceased, so state) Residence of mother (if deceased, so state) Was	toop
Birthplace of mother (State or foreign country)  Birthplace of mother (State or foreign country)  W: 7	Ua.
ACKNOWLEDGMENT ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted).	
Signature of Applicant Con W. Commun. Date 8/3/90 Signature On W. Commun. Date 8/3/90	08/3/9
	are 20/ C/
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	ignature to the above
Clerk of Court Date Determined to the court	Date
State of indiana	the information given
County of	s true and correct.
Signed Dan W. Cummine Signed Kanon E Leist	
New Address 18/4 5 Delewang  Subscribed and sworn to before me this 31 st day of aug 19 76  Subscribed and sworn to before me this 31 st day of aug 19 76	av
Subscribed and sworn to before me this Stay of Lierk of the HENDRICKS Circuit Court Clerk of the HENDRICKS Circuit Court	CKS Circuit Court
	Circuit Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	only one parent signs
state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary	
State of Indiana HENDRICKS Ss: State of Indiana HENDRICKS Ss: Ss: County of	
Signed Father Signed	Father
Signed Mother Signed	
Subscribed and sworn to before me this day of day of	
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above na	med parties, the
CountyCourt, by written order issuedand filed in, authorizes and directs the issuance of a marriage license to the above named parties.	
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS	County, Indiana,
The state of the s	and.
dated 8-3/-90 , authorizing the marriage of DON_WAYNE_CUMMINS	
dated 8-31-90 , authorizing the marriage of DON WAYNE CUMMINS	
dated 8-3/-90, authorizing the marriage of DON WAYNE CUMMINS  KAREN ELAINE LEIST  I further certify that the following marriage certificate was filed in my office:	8
dated 8-3/-90, authorizing the marriage of	
dated 8-3/-90 , authorizing the marriage of DON_WAYNE_CUMMINS  KAREN_ELAINE_LEIST  I further certify that the following marriage certificate was filed in my office:  I,	County,
dated 8-3/-90 , authorizing the marriage of	County,
dated 8-3/-90 , authorizing the marriage of	County,
dated 8-3/-90 , authorizing the marriage of	County,
dated 8-3/-90 , authorizing the marriage of	County,
MARION   MARION   Mariage   Mariag	County,

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

\[ \frac{3\fmu}{8-2\fmu}-90 \]

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 8-29-90

Name of Physician Lor Clark

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Brist Middle Dethart	Name Lisa A. Middle Augustus
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country))	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County. State
Previous Marital Status: Never Married & OR	487 Meadow Dr. Danville In.
	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate Other (Specify) Alwels file:	Date of birth verified by:   Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 2 Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
<ol> <li>Are you related to the female applicant closer than second cousin?</li> <li>Are you now under the influence of an alcoholic beverage?</li> <li>No I/Yes □</li> </ol>	Are you related to the male applicant closer than second cousin?     No Yes       Are you now under the influence of an alcoholic beverage?
<ul> <li>3. Are you now under the influence of an alcoholic beverage? No   ✓ Yes □</li> <li>4. Are you now under the influence of a narcotic drug? No   ✓ Yes □</li> </ul>	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No 1 Yes  Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father of dependent children	(a) Full name of father     of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant Dary Thank De Hart	7. (a) Full name of applicant's Les Quessions
Residence of father (if deceased, so state) La Borte In-	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Blagerstown In.	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's free the	(b) Full maiden name of applicants (1)
Residence of mother (if deceased, so state) Daplace Ing	Besidence of mother (if deceased so state) Dane
Birthplace of mother (State or foreign country) Leighton, Fenn-	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Dul D Milat Date 8-31-90	immune deficiency syndrome).  Signature of Applicant Risa Go Anne Olevson Date 8-31-90
	OF /
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct
	October of
New Address 269 Lancelot Oche W. Carrollon, OH 45449	Signed Lixyofnan Censler
Subscribed and sworn to before me this 31 day of acces 1990	New Address Subscribed and sworn to before me this 3/ day of Que 1920
Cornice Kurson Clerk of the HENDRICKS Circuit Court	Clerk of the HEXDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	WENDOWN
	County, Indiana,
dated 8-31-90 , authorizing the marriage of BR	AD G. DEHART and
LISA J. OURSLER	
I further certify that the following marriage certificate was filed in my o	
I, P. MICHAEL THORNBURG (name), certify that	on (date), atDANVILLE in
HENDRICKS County, Indiana, BRAD G. DEHART	of MONTGOMERY County,
IN (state), and LISA J. OURSLER	of HENDRICKS County,
THENDRICKS	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 10-	6-90
Signed by: /s/ P. MICHAEL THORNBURG MINIS	TER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	10-10-90 (date).
	2
	SignedClerk

IC 31-7-9-1. Furnishing false information upon applying for license.

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

File 9-4-98

KOSCIUSKO

HENDRICKS

\_Circuit Court

(date).

**Date of Application** 

A person who knowingly furnishes false information to a clerk of the Medical Examination or Report Dated circuit court when the person applies for a marriage license under IC Name of Physician 7 meyers 31-7-3 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Date of Birth Place of Birth (State or foreign country) **Previous Marital Status:** Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Last Marriage Ended By: Death Divorce Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Yes Yes If answer is "yes," has the adjudication been removed? If answer is "yes," has the adjudication been removed? Yes 🗆 Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? Yes Are you now under the influence of an alcoholic beverage? Novo Yes 🗆 Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children List the full names of any dependent children. (a) Full name of father of dependent children of dependent children Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of mother of dependent children of dependent children Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) \_ Birthplace of mother (State or foreign country) **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant 1 pre Date Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given HENDRICKS County of . HENDRICKS in this application is true and correct. County of . in this application is true and correct. llotson Muncie M 47,304 day of 500. 19 90. , 19 48+ Z46 Subscribed and sworn to before me this \_ Subscribed and sworn to before me this Clerk of the HENDRICKS Circu Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS State of Indiana HENDRICKS County of County of Signed Signed Mother Mother Subscribed and sworn to before me this \_ Subscribed and sworn to before me this \_ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 \_\_ County, Indiana, , authorizing the marriage of \_\_\_\_\_\_ JONATHON R. COOPER NANCY L. DAIN I further certify that the following marriage certificate was filed in my office: JUDY K. DENNIS \_\_ (name), certify that on \_ 9-29-90 \_ (date), at \_ SYCAMORE JONATHON R. COOPER County, Indiana, .

\_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit

Signed

\_\_ (official designation)

NANCY L. DAIN

\_\_\_\_\_, MINISTER

HENDRICKS County, Indiana, dated 9-4-90

\_ (state), and \_

Filed and recorded in accordance with the laws of the State of Indiana on \_

Signed by: \_/s/ JUDY K. DENNIS

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

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.

HENDRICKS

\_\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Pirst Middle Plast	Name / First, Middle / Last
Date of Birth Month Day Year	Date of Birth Monthy Day Year
UCF 22 1953	Date of Birth Month Day 26 1954
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.B. City - County State
2. K. 39 Aleston Jo.	9240 Crawfir Dielle Xd. Hend. Mass
Previous Marital Status: Never Married D OR	Previous Marital Status: Never Married  OR
Last Marriage Ended By: Death □ Divorce ☑ Annulment □	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □
If answer is "yes," has the adjudication been removed?	
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	- Huse
6. (a) Full name of father	6. (a) Full hame of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of Mather (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (indeceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father — Hand	7. (a) Full name of applicant's father
Residence of father (if deceased, so state)  Alexand	1.1.
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Maren Muller	(b) Full maiden name of applicant's Amoraine Choung
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	Bittiplace of motiler (state of foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
111.1.45(1(1) 1 9/1/19)	immune deficiency syndrome).
Signature of Applicant Date 1777	Signature of Applicant And Amith Date 9/4/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS   I swear/affirm that the information given in this application is true and correct.	State of Indiana  State of Indiana  State of Indiana  State of Indiana  I swear/affirm that the information given in this and correct in this and correct.
	County of HENDRICKS in this application is true and correct.
Signed X Robert & Wlant	Signed Sinde Smith
New Address HWY 136 + 39 /12 to n. In	New Address Herber 136 439 Sixtem Dr.
Subscribed and sworn to before me this 4 day of Seset 19 90	Subscribed and sworn to before me this 4 day of Sept 1990
Commie Lausse Clerk of the HENDRICKS Circuit Court	Conne Jawson Clerk of the HENDRICKS Circuit Cour
	Olicult Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
The same was a second of the same and s	state facts which make the consent of the other parent unnecessary
State of Indiana	
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
The state of the s	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I 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	ROBERT EUGENE BLAND and.
LINDA SUE SMITH	
I further certify that the following marriage certificate was filed in my or	ffice
i, (name), certify that	
MARION County, Indiana, ROBERT EUGENE B	LAND of HENDRICKS County,
IN(state), andLINDA_SUE_SMITH	
TIENTOPICUS	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated9_	23-90
Signed by:/s/ JAMES D. CLAYTON , PASTOR	
	14. [2] H (4. [1] J. [3] H (4. [1] J (4. [2] J (4. [3] J (4.
Filed and recorded in accordance with the laws of the State of Indiana on	10-1-90 (date).
	Signed

AFML/PD 1

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

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.

MALE APPLICANT	FEMALE APPLICANT
Name have First Middle Jelley Last Earles	Name Cathy First Elas Middle Last Thay
Date of Birth March Month of Day 195 xeg	Date of Birth fortime Month 12 Day 14 ear of
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City // County State/	Residence Address Street or R.R. City/ County / State
12 Purpura M Wanite, Hundricks, In	id Physicians, Manicol Human, Sec
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married  OR
Last Marriage Ended By: Death □ Divorce ☑ Annulment □	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate  Other (Specify)	Date of birth verified by:   Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves	1. Are you now or have you ever been adjudged to be of unsound mind? No Ves
If answer is "yes," has the adjudication been removed?  No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No 🗵 Yes 🗆
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □
4. Are you now under the influence of a narcotic drug?  No yes   Yakruf Quisa	4. Are you now under the influence of a narcotic drug?  No Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes
5. List the full names of any dependent children. The X funder of Equal to Superior of Sup	5. List the full names of any dependent children. The same of any dependent children. The same of the
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)(b) Full maiden name of mother
(b) Full maiden name of mother of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Paul Jones Earles	7. (a) Full name of applicant's Luwis Gamen Collier
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Laure Stanley	(b) Full maiden name of applicant's fun Millotran
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) — Andrana	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Lane J. Lane J. Malla Date 9/4/93	Signature of Applicant Country & Gray Date 9/4/90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
Signed X Mine J. Kanla	Signed Cathy C. Gray
New Address SAME	New Address Saske
Subscribed and sworn to before me this 4 day of Sept 1990  Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICAS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	Control of the Contro
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	시 마리는 프라이트 하고 있다. 아마 나는 마리는 아마 아니는 아마 아니는 아니는 아니는 아니는 사람들이 모든 아니는
Signed Father Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 9-4-90, authorizing the marriage of	DANE JEFFREY EARLES and
	DANE SEFFREI EARDES
CATHY ELAINE GRAY	
I further certify that the following marriage certificate was filed in my of J. V. BOLES (name) certify that	O 20 00 DANUTTER
i, (name), certify that	on (date), at m
HENDRICKS County, Indiana, DANE JEFFREY EAR CATHY ELAINE GRAY	of HENDRICKS County,
(state), and	or county,
(state) were married by me as authorized	d under a marriage license that was issued by the Clerk of the Circuit
count of county, indiana, dated	
Signed by: /s/ J. V. BOLES , CIRCUIT JU	DGE (official designation)
Filed and recorded in accordance with the laws of the State of Indiana of	n 9-24-90 (date).
	Signed Some farm Clerk
AFML/PD I	HENDRICKS Circuit Court
	Circuit Court

\_Circuit Court

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

ile -	0 11 -1
	9-4-90
	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.

MALE APPLICANT	FEMALE APPLICANT
Name Of Figst & Middle Wast	Name Prirst Middle W Last A
Date of Birth Month Day Year	Date of Birth Month / Day / Year 4
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City/ County State	musnapales, on.
200 n. mill- It plfd, Hendricke In	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce ☑ Annulment □	Last Marriage Ended By: Death □ Divorce Annulment □
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗗 Yes 🗆	
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?  No Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes
2. Are you related to the female applicant closer than second cousin? No Ves	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □	3. Are you now under the influence of an alcoholic beverage? No√a Yes □
4. Are you now under the influence of a narcotic drug? No 🗸 Yes 🗆	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Jacob Neeley 10 yes Patrick Neeley 74
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of mother	Birthplace of father (State or foreign country)  (b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's	Birthplace of mother (State or foreign country)
father william Colward Achlegel.	7. (a) Full name of applicants father Lister D. allen Jr.
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother	(b) Full maiden name of applicant's Knelyn Carhen
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Inches. In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Charles Wages Date	Signature of Applicant Jawa Sue Relug Date 9/4/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given
A la	in this application is true and correct.
Signed Charles Lagers New Address 2 same	Signed Laura Sue Theology
Subscribed and sworn to before me this _b day of _supt 19_90	New Address Same
Connie Lawrend Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 4th day of Supt 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	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We the perents of this applicant horsely also appears for this applicant.
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana	
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of19
Clerk	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 authorizes and directs the i	COURT by written order issued
RETURN OF MARRIAGE LICENSI	
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 9-6-90, authorizing the marriage of CHA	RLES LEONARD WAGERS
LAURA SUE NEELEY	ana
I further certify that the following marriage certificate was filed in my of	fice
T, CYNTHIA J. SPENCE (name), certify that	
	[2] [2] [2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
HENDRICKS County, Indiana, CHARLES LEONARD IN (state), and LAURA SUE NEELI	EY UPNDDICKE
기계에 가게 되었다면서 보내 때 아이들은 그 사람들이 되었다면서 하지만 하면 하게 되었다면서 하는 것이다.	County,
HENDRICKS	under a marriage license that was issued by the Clerk of the Circuit
County, Indiana, dated	
Signed by: /s/ CYNTHIA J. SPENCE , 1ST DEPUTY C	
Filed and recorded in accordance with the laws of the State of Indiana on	9-7-90 (date).
	Signed Sonnie Jawan Clerk
AFML/PD 1	
	HENDRICKS Circuit Court

AFML/PD 1

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No.	521
File .	
	9-5-90
-113-11	Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Wm M. 7Jawe, H.D.

HENDRICKS

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Craig Daily Hast	Name Pamela anne Pfastenhaue
Date of Birth Month Pay 25 Year 58	Date of Birth Month // Day 2 / Year 5 9
Place of Birth (State on Geign country)  Residence Address Street or R.R., City County State ()	Place of Birth (State or foreign country)
9317 W. 59 St. City County State In. 46234	Residence Address Street or R.R. St. City County State In. 46 234
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate Cother (Specify)   Date of birth verified by:	Date of birth verified by:   Birth Certificate Cher (Specify) Truste Tec.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗆
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  No. Yes  Yes	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes
4. Are you now under the influence of a narcotic drug? Now Yes	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes  Yes  Yes
5. List the full names of any dependent children	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's
father Fred Donald Grand	father Terry Lee Ffatenkauer
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden mame of applicanes	(b) Full maiden name of applicant's • O al.
Residence of mother (if deceased, so state) Mantecells Ja.	mother marcia kee Warren
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the lest sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant May Date 9-5-90	Signature of Applicant and aline State of Applicant and State of App
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
	Clerk of Court Date
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.
Signed Mary W. Jood	Signed Damela Cenno Totallasia
New Address SAME	New Address Same
Subscribed and sworn to before me this 5th day of supt 19 96	Subscribed and sworn to before me this 5 4 day of Super 19 9 8
	Conne Kawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	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, authorizes and directs the	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I 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- 5-90, authorizing the marriage of	
PAMELA ANNE PFATENHAUER	and
I further certify that the following marriage certificate was filed in my of	fice:
I, RICHARD E. HAMILTON (name), certify that	on 9-15-90 (date), at INDPLS in
MARION County, Indiana, CRAIG DAILY GO	DAD HENDRICKS
IN(state), andPAMELA ANNE PFOTENHAUS	Of County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 9-15-	-90
Signed by: /s/ RICHARD E. HAMILTON MINISTER	(official designation)
	(ometal designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
· 中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国	SignedClerk

Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

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.

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address O Street or R.R. City County State
Same	Residence Address & Street or R.R. City Bounty State
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by:   Birth Certificate M. Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes   Yes	Are you now or have you ever been adjudged to be of unsound mind? No 図、Yes □     If answer is "yes," has the adjudication been removed?
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐  Are you related to the female applicant closer than second cousin?  Yes ☐	2. Are you related to the male applicant closer than second cousin? No ♥ Yes □
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □	3. Are you now under the influence of an alcoholic beverage? No □ Yes □
4. Are you now under the influence of a narcotic drug? No □ Yes □	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7 (a) Full name of applicant's	7 (a) Full name of applicant's
tather hom. Joseph Caldwell	tather Wayse East Fields
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's
mother Daty of Marie	mother Betty go Booker
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (agquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrame).
Signature of Applicant X Luny Caldwell Date 9/5/40	Signature of Applicant Aluta D. Ocke Date 9/5/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
Signed	Olgito A
New Address  Subscribed and sworn to before me this day of day of 19 10	New Address  Subscribed and sworn to before me this day of
Some Janon Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 9-5-90 , authorizing the marriage of KE	EVIN J. CALDWELL and
ANITA D. DIKE	
I further certify that the following marriage certificate was filed in my o	
	on
	DWELL of HENDRICKS County,
사람들 경영하다 그리다 모두 다른 마음이 되었다고 하는 것이 되었다. 그 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들이 되었다.	of HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 9-1	8-90
Signed by:/s/ GAROLD L. HAMPTON , MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	0-19-00
and the state of indiana of	(date).
	Signed

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No	523
File _	
	0-0

9-5-90 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.

MALE APPLICANT	FEMALE APPLICANT
Name () First () Middle () Last	Name
Date of Birth Month Day Year	Date of Birth Month Day Year Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address / Street of R.A. Gity County State
Kt 1 Bop 159 distan , In.	122 N. We laple, Fittsboro, So.
Previous Marital Status: Never Married OP OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by:   Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No P Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No V Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	Are you now under the influence of an alcoholic beverage?      No Yes       Are you now under the influence of a narcotic drug?  No Yes   Yes  Yes
4. Are you now under the influence of a narcotic drug?  No D Yes   5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
The second secon	
6. (a) Full name of father	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent oblidren	of dependent children  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7. (a) Full name of applicant's
Residence of father (if deceased, so state)	Residence of father (if deceased so state) Alleweed
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's port	(b) Full maiden name of applicant's
Residence of mother (if deceased so state)	mother left Montpois
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Simples of month (called of foliage occurry)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Signature of Applicant Date 2-5-90	immune deficiency syndrome).
Signature of Applicant Date Date	Signature of Applicant Landa V. Landrich Bate 9-5-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss:   I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of	County of HENDRICKS ) ss: in this application is true and correct.
Signed & Sric O Clark	Signed Yhunda S. Wandricks
New Address	New Address
Subscribed and sworn to before me this 3 day of 19 19 19 19 19 19 19 19 19 19 19 19 19	Subscribed and sworn to before me this 5 day of HENDRICKS Circuit Court
	Clerk of the HENDRICAS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	Court, by written order issued
The second secon	
	E AND MARRIAGE CERTIFICATE
I 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	ERIC O. CLARK and
LINDA S. HENDRICKS	
I further certify that the following marriage certificate was filed in my of	ffice:
그 마시아 나는 모든 이 시간 등이 있어요? 이 등에 가는 사람이 하다 때문에 가장 그리고 있다.	on 9-22-90 (date), at NEW BRUNSWICK in
BOONE County, Indiana, ERIC O. CLARK	HENDRICKS
IN (state), and LINDA S. HENDRICKS	OI County,
(State), and	County
the state of the s	under a marriage license that was issued by the Clerk of the Circui
count of county, indiana, dated	
Signed by: /s/ ROBERT C. ELLENBERGER MINISTER	(vinital decignation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-26-90 (date).
	Signed Lannie Jawan Clerk
AFM (PD.)	HENDRICKS

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

File	
No.	LAUS

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 

Steameller

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name James Middle fast K	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
20	Residence Address Street or R.R. City County State
Residence Address Street or R.R. City County State	RR2 BOX 237-AL Harrow Id.
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce 🖼 Annulment □	Last Marriage Ended By: Death □ Divorce 🔁 Annulment □
Date of birth verified by: Birth Certificate  Other (Specify)	Date of birth verified by:   Birth Certificate Dr Other (Specify) Dr. Lic.
A second winds and indeed to be of unasynd wind? No 78. Year	Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □
1. Are you now or have you ever been adjudged to be of unsound mind? No 🔼 Yes 🗆 If answer is "yes," has the adjudication been removed? No 🗆 Yes 🗆	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No St. Yes	2. Are you related to the male applicant closer than second cousin? No ↑ Yes □
3. Are you now under the influence of an alcoholic beverage? No □ Yes □	3. Are you now under the influence of an alcoholic beverage? No ★ Yes □
4. Are you now under the influence of a narcotic drug? No ♠ Yes □	4. Are you now under the influence of a narcotic drug? No ☼ Yes □
5. List the full names of any dependent children. Span Robert	5. List the full names of any dependent children. Matheway Mishael
Money World	Mustapher Holist Stephanic Novam-
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7. (a) Full name of applicant's 8 1 1 1 1
father Hugh room	tather
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's
(b) Full maiden name of applicant's Mosice Strong	mother Today More Dane
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) — Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 9-6-90	Signature of Applicant X Roberto L. Volume Date 9-6-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
State of Indiana HENDRICKS ) ss:   I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
Signed Signed Start	Signed x Roberta L. Vol
New Address	New Address
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
경기에 가는 이렇게 하면 하면 되었다. 이 가게 하면 하다 하는 것은 것이 없는 것이 없어 있다.	
dated, authorizing the marriage of	ES A. PARK and
ROBERTA L. VOLZ	
I further certify that the following marriage certificate was filed in my o	office:
	on (date), at INDIANAPOLIS in
MARION County, Indiana, JAMES A. PARK	
	of HENDRICKS County
(state) were married by me as authorized	d under a marriage license that was issued by the Clerk of the Circui
count of county, indiana, dated	
Signed by: /s/ DANNY VAUGHN JUDGE PRO	O TEM (official designation)
Filed and recorded in accordance with the laws of the State of Indiana of	n 10-10-90 (date).
	Signed Clerk

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

525

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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
Name B Baggard Miles

MALE APPLICANT	FEMALE APPLICANT
Name Lawrence Howard Boxler	Name First Middle o Last Hilloolly
Date of Birth Month Day Year	Date of Birth Month Day Year 19 50
Place of Birth (State or foreign country) OH10	Place of Birth (State or foreign country) Anuchs Co Jag.
Residence Address Street or R.R. City County State	Residence Address Street of R.R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	THE RESIDENCE OF STREET STREET, STREET
Date of birth verified by: Birth Certificate Other (Specify)	A STATE OF THE PARTY OF THE PAR
Date of birth verified by: Birth Certificate Dother (Specify)	Date of birth verified by:
1. Are you now or have you ever been adjudged to be of unsound mind? No 🖯 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?  No Yes	If answer is "yes," has the adjudication been removed?  No □ Yes □
<ol> <li>Are you related to the female applicant closer than second cousin?</li> <li>No ☑ Yes ☐</li> <li>Are you now under the influence of an alcoholic beverage?</li> <li>No ☑ Yes ☐</li> </ol>	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ☑ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's
tather hard Arthony Bolles	father Jerry F. Gillooly
Residence of father (if deceased, so state) — How William Will.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	Birthplace of father (State or foreign country)
mother Typathis Deann Boke	(b) Full maiden name of applicant's long taxofer
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Laurence A. Baga Date 09/07/90	Signature of Applicant Susan Sullooly Date 9/7/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.  Clerk of Court
State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
Signed & Laurence H. Boller	Signed Susan Shillooly
New Address	
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this 7th day of Supt 19 90
Clerk of the HENDRICKS Circuit Court	Course Lasuson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	state lacts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ss:
oddiny of	County of)
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of 19	Signed Mother Subscribed and sworn to before me this day of, 19
Clerk	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated9 - 7 - 90, authorizing the marriage of	LAWRENCE H. BOXLER and
SUSAN E. GILLOOLY	
I further certify that the following marriage certificate was filed in my of	ffine
I, WILLIAM R. CLAYTON (name), certify that	
DAVIESS County, Indiana, LAWRENCE H. BO	WI ED
IN (state), and SUSAN E. GILLOOLY	HENDRICKS
(state), and	OI County,
(beate) were married by the as authorized	under a marriage license that was issued by the Clerk of the Circuit 9-7-90
county, indiana, dated	
Signed by: _/s/ WILLIAM R. CLAYTON PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-26-90 (date).
AFML/PD I	HENDRICKS Circuit Court

AFML/PD 1

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

9-7-90
Date of Application

526

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

Female

Medical Examination or Report Dated 8-23-98

Name of Physician Process National M.D.

HENDRICKS

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Jack Kirkeland Las alfard	Name Parriela Middle Shipp
Date of Birth Monthy Day 32 Year 45	Date of Birth Month Day Year 48
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R. City County State
1101 readud Ce. Pringrett, Jr.	- 500 S. Cast St. Fillingield,
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married  OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Seirth Certificate  Other (Specify)	Date of birth verified by:   Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ / Yes ☐	If answer is "yes," has the adjudication been removed? No □ / Yes □
2. Are you related to the female applicant closer than second cousin? No. / Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐	4. Are you now under the influence of a narcotic drug? N&
5. List the full names of any dependent children. Karman alfaid 26 y le alfaid 21 yrs, alan Alfaid 23 yrs, Rick	5. List the full names of any dependent children.  Culte Shipe 16 mg. Reven Shipe Bun
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of appetrants Benny alles 1	7. (a) Full name of applicant's Walliem Cannon
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's to plan of the state	(b) Full maiden name of applicant's
mother Jaye allen aancaster	mother rainis talkerine steves
Residence of mother (Mideceased, so state) January, In.	Residence of mother (If deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
mmune deficiency syndroms	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Hock 16 Olf Date 9-7-90	Signature of Applicant Amela & Shipp Date 9-7-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
0-1 = 011 1	0 1.0 ll.
New Address Same as Above	New Address 1707 Red Bud Court Plan
New Address Subscribed and sworn to before me this 24 day of Subscribed and sworn to be subscribed and subscri	Subscribed and sworn to pefore me this 7 th day of Sept 1995
Charle Lawson Clerk of the HENDRICKS Circuit Court	Circuit Court  Clerk of the HENDRICKS  Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 7-7-70, authorizing the marriage of J.	ACK KIRKLAND ALFORD and
PAMELA JANE SHIPP	
further certify that the following marriage certificate was filed in my o	ffice:
. N. S. S. J. Line (1988), 7, 77 S. Stat. Litter (1987) & N. S.	on 9-29-90 (date), at PLAINFIELD in
HENDRICKS County, Indiana, JACK KIRKLAND	
IN (state), and PAMELA JANE SHIP	
	under a marriage license that was issued by the Clerk of the Circuit
HENDRICKS	
ounty, matana, dated	아마일이 가게 그렇게 하는 사람이 아이를 가지 않는데 아니는 사람이 아니는 것이 없는데 살아 없는데 아니는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하
Signed by: /s/ WILLIAM R. CLAYTON , PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	10-3-90 (date).
	1.2
	SignedClerk

AFML/PD 1

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

No. 527

HENDRICKS

\_Circuit Court

9-1-90

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Plaguson Frunse

MALE APPLICANT	FEMALE APPLICANT
Name michael Scatt mc Last Tale	Name Debarah Middle ay Mis Knight
Date of Birth Month 6 Day 19 Year 62	Date of Birth Month 9 Day 8 Year 58
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or FAR. City County State In.	Residence Address Street of R.R. City County Catale
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce Annulment □	Last Marriage Ended By: Death □ Divorce ★ Annulment □
	The second secon
Date of birth verified by:   Birth Certificate Other (Specify) Onnels Ruc.	Date of birth verified by: Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?  No □ / Yes □	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   Yes
3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No√✓ Yes □	3. Are you now under the influence of an alcoholic beverage? No√ Yes ☐  4. Are you now under the influence of a narcotic drug? No ∀ Yes ☐
4. Are you now under the influence of a narcotic drug?  Now Yes   5. List the full names of any dependent children. Knistie Medale 7.	List the full names of any dependent children.
Brittany Mc Kale 5 yes; michelle Mc Vale 3 yrs	
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father Verry Fronklin me Dale J.	7. (a) Full name of applicants abert of metrical
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) This Deceased
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Alabama
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother and del rammay	mother words wareness
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  W. Va.	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrometry	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant / Mark B / Exerpate 9/7/90	Signature of Applicant Date 7/7/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS  Ss:   swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
M+1 1 2 11/10 0	1 Hadr
Signed JUDIALS FILL 259  New Address SAME	Signed 10. Total
Subscribed and sworn to before me this 7 day of Sept 1990	Subscribed and sworn to before me this 7 day of Sept., 19.90
Chanie Rewan Clerk of the HENDRICKS Circuit Court	Cranic daws Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of)
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of, 19	Signed Mother  Subscribed and sworn to before me this day of 19
Clerk	Subscribed and sworn to before me this day of, 19 Clerk
	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	
	Clerk of the Chedit Court of County, Indiana,
dated 9-7-90 , authorizing the marriage ofN	IICHAEL SCOTT McDOLE and
DEBORAH KAY MCKNIGHT	
I further certify that the following marriage certificate was filed in my o	ffice:
I, GEORGE PLASTERER (name), certify that	
HENDRICKS County, Indiana, MICHAEL SCOT	T McDOLE of HENDRICKS County,
IN(state), andDEBORAH KAY McKNIG	
HENDRICKS	under a marriage license that was issued by the Clerk of the Circuit
/-/ CHORGE DI ACMEDED	
Signed by: /s/ GEORGE PLASTERER MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-12-90 (date).
	9 - 9 -
	Signed Some downs Clerk

AFML/PD1

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

lo.	528
ile	
	9-27-90 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 As Clark

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Priest Middle Thornton	Name Sherry Middle Weaderson
Date of Birth Month Day Year	Date of Birth Month Day
Place of Birth (State or foreign country),	Place of Birth (State or foreign country)
South Bend, Indeany	Denville Int.
Residence Address Street or R.R. City County State .	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married ☑ OR
The state of the s	THE RESIDENCE OF THE PARTY OF T
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate   Other (Specify)   Mrwees Tech	Date of birth verified by:   Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 12 Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆
	If answer is "yes," has the adjudication been removed?
If answer is "yes," has the adjudication been removed?  No □ Yes □  No □ Yes □	2. Are you related to the male applicant closer than second cousin? No P Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
	4. Are you now under the influence of a narcotic drug? No Yes
	List the full names of any dependent children.
5. List the full names of any dependent children.	o. List the fall hames of any dependent children.
C (a) Full same of father	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicants	7. (a) Full name of applicant's father Marvin Do With No lesson
father thousand groups when the	Takin
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Luth Boul Sn.	Birthplace of father (State or foreign country) Mattensvelle In-
(b) Full maiden name of applicant's Valen Weam	(b) Full maiden name of applicant's Blayds Trues
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) South Beautin	Birthplace of mother (State or foreign country) Nartinsvellan
Birtiplace of motifer (State of Totalgir Country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).  Signature of Applicant	immune deficiency syndrome).
Signature of Applicant Date	Signature of Applicant Date 9-7-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS  Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct.
	County of
& Signed Eric M Thornton	X Signed Shelly Hendleson
New Address 3112 York Lane Cincinnati OH 45215	X Signed Sherry funderson New Address
Subscribed and sworn to before me this 7 day of Sept 19 90	Subscribed and sworn to before me this 2 day of Lept. 19 90
Cornie Lawson Clerk of the HENDRICKS Circuit Court	Corne dawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	state facts which make the consent of the other parent unnecessary
State of Indiana	
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	SignedFather
Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 9-17-90 , authorizing the marriage of ER	RIC M. THORNTON and
SHERRY L. HENDERSON	
The same of the sa	
I further certify that the following marriage certificate was filed in my o	ffice:
I, RAYMOND H. DUFF (name), certify that	on 9-15-90 (date), at MAPLEWOOD in
HENDRICKS County, Indiana, ERIC M. THORNTO	
IN(state), andSHERRY L. HENDERSON	
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 9	-7-90
Signed by: _/s/ RAYMOND H. DUFF MINISTER	(official designation)
	0 10 00
Filed and recorded in accordance with the laws of the State of Indiana on	9-18-90 (date).
	Signed Janua January Clerk
	CIEFK

AFML/PD 1

31-7-3 commits a Class D felony.

IC 31-7-9-1. Furnishing false information upon applying for license.

A person who knowingly furnishes false information to a clerk of the

circuit court when the person applies for a marriage license under IC

#### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

Female

County

Medical Examination or Report Dated

Name of Physician

9-7-90
Date of Application

HENDRICKS

\_Circuit Court

FEMALE APPLICANT MALE APPLICANT Last Middle Last Date of Birth Day Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) City City Street or R.R. County Residence Address Street or R.R. County Previous Marital Status: Never Married OR Previous Marital Status: Never Married Last Marriage Ended By: Death □ Divorce □ Last Marriage Ended By: Death □ Divorce 🕅 Annulment □ Annulment Date of birth verified by: 

Birth Certificate 
Other (Specify) Date of birth verified by: 

Birth Certificate 
Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No A Yes No D Yes Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Yes If answer is "yes," has the adjudication been removed? No 🗆 Yes 🗆 Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? Yes 🗆 Are you now under the influence of an alcoholic beverage? No D Yes Yes 🗆 Are you now under the influence of an alcoholic beverage? No Q Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? No D Yes List the full names of any dependent children. Lath List the full names of any dependent children (a) Full name of father (a) Full name of father of dependent children of dependent children Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of mother of dependent children Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) (a) Full name of applicant's (a) Full name of applicant's Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's (b) Full maiden name of applicant's Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome Signature of Applicant Signature of Applicant Date The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Date Date State of Indiana I swear/affirm that the information given I swear/affirm that the information given HENDRICKS HENDRICKS in this application is true and correct. in this application is true and correct County of County of . **New Address** Subscribed and sworn to before me this Subscribed and sworn to before me this \_ day of sept . 19 9 D Clerk of the HENDRI ronne Clerk of the Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS State of Indiana HENDRICKS County of Signed Signed \_ Mother Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_ Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued\_ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_\_\_\_ \_County, Indiana, 9-7-90 authorizing the marriage of PAUL S. WISE BRENDA S. BAYLISS I further certify that the following marriage certificate was filed in my office: I, JEFFREY V. BOLES (name), certify that on 10-1-90 (date), at DANVILLE of HENDRICKS County, HENDRICKS County, Indiana, PAUL S. WISE IN (state), and BRENDA S. BAYLISS of HENDRICKS County, \_\_\_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit HENDRICKS County, Indiana, dated 10-1-90 Court of Signed by: /s/ JEFFREY V. BOLES CIRCUIT CT JUDGE (official designation) Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_\_\_10-2-90 Signed larine James

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

530 File 9-10-90 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

Name of Physician Name of Physician \_

Name Public First Middle Fast A	Name Police First Lundidle De Last	
Date of Birth Marchonth Bay 195 Co	Date of Birth An Month 13 Day 195 Years	
Place of Birth (State or foreign country)  Andiana  Place of Birth (State or foreign country)  Andiana		
Residence Address Street or R.B. //City County State	Residence Address Street or R.R. Parity County / State	
KAI BOY 82-D PIETENTO, ANDRECES, SA	KKI GODISKU PULBUOTO, HURANICKU, SIN	
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married  OR	
Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment	
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by: Birth Certificate Oother (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind? No 🕡 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	
2. Are you related to the female applicant closer than second cousin? No va Yes	2. Are you related to the male applicant closer than second cousin? No 🗵 Yes 🗆	
3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □	3. Are you now under the influence of an alcoholic beverage?	
4. Are you now under the influence of a narcotic drug? No of Yes -	4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.	
5. List the full names of any dependent children of the following for the following for the following for the following following for the following for the following for the following following for the following following for the following follow	Migan Kenn 4 yrs.	
6. (a) Full name of father	6. (a) Full name of father	
of dependent children	of dependent children	
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)	
Birthplace of father (State or foreign country)  (b) Full maiden name of mother	Birthplace of father (State or foreign country)(b) Full maiden name of mother	
of dependent children	of dependent children	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
7. (a) Full name of applicant answer Leo Lynth	7. (a) Full name of applicants father Library Sylvestia Ulright	
Residence of father (if deceased, so state) — Judiana	Residence of father (if deceased, so state)	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
(b) Full maiden name of applicants Jean Montgomery	(b) Full maiden name of applicant's Elizabeth Santh	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT	
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
Signature of Applicant Applicant Date 9-10-90	immune deficiency syndrome Line X. Dien Date 9-10-90	
Signature of Applicant   Parks   Date		
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court Date	Clerk of Court Date	
State of Indiana ) I swear/affirm that the information given	State of Indiana I swear/affirm that the information given	
State of Indiana HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.	
Signed & Rickie See Smith	Signed X Spllin L. Delin	
New Address   Same		
	New Address / SAME	
Subscribed and sworn to before me this 10 day of 9 1990	Subscribed and sworp to before me this day of 4 1970	
	Subscribed and sworp to before me this / What day of	
Subscribed and sworn to before me this 10 day of 9 1990	Subscribed and sworp to before me this day of 4 1970	
Subscribed and sworn to before me this	Subscribed and sworp to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	
Subscribed and sworn to before me this	Subscribed and sworp to before me this Abe day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN	
Subscribed and sworn to before me this day of 19	Subscribed and sworp to before me this day of	
Subscribed and sworn to before me this day of	Subscribed and sworp to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	
Subscribed and sworn to before me this day of 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 HENDRICKS ss:  Signed Father	Subseribed and sworp to before me this	
Subscribed and sworn to before me this day of 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 HENDRICKS	Subseribed and sworp to before me this day of	
Subscribed and sworn to before me this day of 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 HENDRICKS ss:  Signed Father	Subscribed and sworn to before me this	
Subscribed and sworn to before me this day of 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 HENDRICKS ss:  Signed Father Mother Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of	
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this	
Subscribed and sworn to before me this day of 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 HENDRICKS	Subscribed and sworp to before me this day of	
Subscribed and sworn to before me this day of 19_0 Clerk of the HENDRICKS _ Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	Subscribed and sworp to before me this	
Subscribed and sworn to before me this day of 19_0 Clerk of the HENDRICKS _ Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	Subscribed and sworn to before me this	
Subscribed and sworn to before me this day of 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 Father Signed Mother  Signed Father	Subscribed and sworn to before me this	
Subscribed and sworn to before me this day of 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 Father Signed Mother  Signed Father	Subscribed and sworn to before me this	
Subscribed and sworn to before me this day of 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 Father Signed Mother  Signed Father	Subscribed and sworn to before me this	
Subscribed and sworn to before me this day of 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	Subscribed and sworn to before me this day of 19 7 Clerk of the County of ) ss:    Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk   A marriage license having been refused to the above named parties, the count, by written order issued issuance of a marriage license to the above named parties.    E AND MARRIAGE CERTIFICATE   Clerk of the Circuit Court of HENDRICKS County, Indiana, and and and and   CICKIE_JOE_SMITH and   And   And   And   And   And	
Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER O	Subscribed and sworn to before me this Aday of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Father Signed Mother Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and fifice:  On 9-15-90 (date), at PITTSBORO in	
Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER O	Subscribed and sworn to before me this Aday of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Father Signed Mother Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and fifice:  On 9-15-90 (date), at PITTSBORO in	
Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER O	Subscribed and sworn to before me this Aday of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Father Signed Mother Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and fifice:  On 9-15-90 (date), at PITTSBORO in	
Subscribed and sworn to before me this	Subscribed and sworp to before me this day of	
Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated 9-0-90, authorizing the marriage of ROBIN LYNN DREW  I further certify that the following marriage certificate was filed in my of I, BUDDY FEHRMAN (name), certify that HENDRICKS County, Indiana, RICKIE JOE SM.  IN (state), and ROBIN LYNN DREW  IN (state) were married by me as authorized	Subscribed and sworp to before me this day of	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  I certify that there was filed in my office a marriage license issued by the dated 9-/0-90 authorizing the marriage of BROBIN LYNN DREW  I further certify that the following marriage certificate was filed in my of I, BUDDY FEHRMAN (name), certify that HENDRICKS County, Indiana, RICKIE JOE SM.  IN (state), and ROBIN LYNN DREW  IN (state) were married by me as authorized Court of HENDRICKS County, Indiana, dated 9	Subscribed and sworn to before me this	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  RETURN OF MARRI	Subscribed and sworp to before me this day of	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  COUNTY and filed in my office a marriage license issued by the dated 9-10-90 authorizing the marriage of ROBIN LYNN DREW  I further certify that the following marriage certificate was filed in my of that the following marriage certificate was filed in my office and ROBIN LYNN DREW  IN (state), and ROBIN LYNN DREW  County of MENDRICKS  County, Indiana, dated 9-10-90  County of MENDRICKS  County of	Subscribed and sworp to before me this day of	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  RETURN OF MARRI	Subscribed and sworp to before me this day of	

## 440

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

9-10-90 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

Medical Examination or Report Dated

MALE APPLICANT	FEMALE APPLICANT	
Name Karry First Sargent August	Name martha First Mare Middle Without Last	
Date of Birth Auf Month 3 Day 1948ear	Date of Birth of 6 Month 23 Day 195 Sear	
Place of Birth (State or foreign country) Indiana	Place of Birth (State or foreign country)	
Residence Address Street of R.R. /City/ / County/ C State	Residence Address Street on B.B. City / County State	
Provident Market Charles Name Maria B	4000 Faviniagea, Pige, Husbridge Jin	
Previous Marital Status: Never Married OR  Previous Marital Status: Never Married OR    OR   OR   OR   OR   OR   OR   OR		
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce ☑ Annulment □	
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate  Other (Specify)     Diller   Diller	
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆	
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin?	
3. Are you now under the influence of an alcoholic beverage?  No ☑ Yes ☐  4. Are you now under the influence of a narcotic drug?  No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage?  No ☑ Yes ☐  4. Are you now under the influence of a narcotic drug?  No ☑ Yes ☐	
5. List the full names of any dependent children. Lyan Wade 1640.	List the full names of any dependent children.	
6. (a) Full name of father	6. (a) Full name of father	
of dependent children	of dependent children	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
(b) Full maiden name of mother	(b) Full maiden name of mother	
of dependent children	of dependent children	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	
7. (a) Full name of applicant's /// /// Ann Onnal Annul	7. (a) Full name of applicant's Park 11/1/1/1/20 Affirmation	
father	father fault William delegation	
Residence of father (If deceased, so state)  Rightplace of father (State or foreign country)	Residence of father (if deceased, so state)  Rightplace of father (State or foreign country)	
(b) Full maiden name of applicant's Marie Buckrag	Company of the control of the contro	
	(b) Full maiden name of applicant's schema Howard Wright	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Anagana	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmi <del>lted, and a list</del> of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases	
immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant Notes Styles Date 9-10-90	Signature of Applicant Marche M. attypelle Date 9-10-90	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beljefs.	acknowledgment because of religious beliefs.	
Clerk of Court Date	Clerk of Court Date	
State of Indiana County of HENDRICKS  ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	
signed Kally Stysof	v Mosth, M March.	
New Address Same	Signed & Martha M. Ollegelle New Address Same	
Subscribed and sworn to before me this 10 day of 500 1990	Subscribed and sworn to before me this 10 day of Sept. 19 90	
Connic Nacros Clerk of the HENDRICKS Circuit Court	Connie Lawson Clerk of the HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary	
State of Indiana County of HENDRICKS ) ss:	State of Indiana	
County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:	
Signed Father	Signed Father	
Signed Mother	Signed Mother	
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of19	
Clerk	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, authorizes and directs the	issuance of a marriage license to the above named parties.	
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE	
사진 보통 전 경기 등에 다른 다른 사람들이 되었다. 그리고 있는 사람들이 함께 가장하는 것이 되었다. 그리고 있다면 보다 없는 것이 없는 것이다.	HENDRICKS	
I certify that there was filed in my office a marriage license issued by the	지난 이 본 보다는 이 보는 것이 되었다. 이 사람이 되면 하는 것이 하는 것이 하는 것이 되었다. 사람이 되는 것이 없는 것이 없는 것이 없다면 없다면 없다면 없다면 없다면 없다면 없다면 없다면 다른데 없다면	
dated 9-10-90, authorizing the marriage of	LARRY SARGENT FEASEL and	
MARTHA MARIE ALTEPETER		
I further certify that the following marriage certificate was filed in my of	ffice:	
	on 9-22-90 (date), at DANVILLE in	
	FEASEL of HENDRICKS County,	
IN (state), and MARTHA MARIE ALTEPET	TER Of BARTHOLOMEW County,	
기계 가장 이 생물에 가지 않는데 하는데 가게 하게 하는데 하는데 하는데 하게 하는데 하는데 하는데 하는데 하는데 하다.	under a marriage license that was issued by the Clerk of the Circuit	
Court of HENDRICKS County, Indiana, dated 9-2	22-90	
	(official designation)	
Filed and recorded in accordance with the laws of the State of Indiana on	9-24-90 (date).	
	Signed	
AFML/PD 1	HENDRICKS Circuit Count	

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

	532
H	
9	0 12 12
	Sept. 10, 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

Name of Physician

Medical Examination or Report Dated

Medical Examination or Report Dated

File

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Christine Middle Cast
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign gountry)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City, County, State	Residence Address / Street or R.R. City County State
_ 33 truson St. Pefel. m.	- 233 Krewson St. Pefe. Werd. In.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate  Other (Specify)  Annual Lic	Date of birth verified by:   Birth Certificate Other (Specify)  Atturn &
1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 🗅 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No Yes
<ol> <li>Are you now under the influence of an alcoholic beverage?</li> <li>Are you now under the influence of a narcotic drug?</li> <li>No ☐ Yes ☐</li> </ol>	Are you now under the influence of an alcoholic beverage?      No Yes       Are you now under the influence of a narcotic drug?  No Yes
List the full names of any dependent children.	List the full names of any dependent children.
TO THE RESIDENCE OF THE PARTY O	Partie and the second s
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Denelle W. Harvey	7. (a) Full name of applicant's Lazary Atom Orane
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Mancy Ann Wilson	(b) Full maiden name of applicant's
Residence of mother (if deceased, so state) Columbus In .	Residence of mother (if deceased, so state) Placific for
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome),	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Euc Harrier Date 9-10-90	Signature of Applicant Musting Joan Date 9-10-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  ss:   I swear/affirm that the information given in this application is true and correct.
Signed Enc Harrey	11 Maritan N
New Address 233 KREWSON 2	New Address 233 Krewson At. Apt. 2
Subscribed and sworn to before me this 10 day of 9 1990	Subscribed and sworn to before me this 10 day of 1990
Clerk of the HENDRICKS Circuit Court	Lance Jawa Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County of	County of HENDRICKS / ss:
Signed Father	Signed Father
Signed Mother Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of 19
	Clerk
County	A marriage license having been refused to the above named parties, the  Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
0 10-00	
dated, authorizing the marriage of	and.
CHRISTINE LYN DOANE	
I further certify that the following marriage certificate was filed in my of	
I, LARRY JUDD (name), certify that	
HENDRICKS County, Indiana, ERIC ALEN HARVEY	AND
IN (state), and CHRISTINE LYN DO.	County,
HENDRICKS	under a marriage license that was issued by the Clerk of the Circuit
성기가 있다. 하지 않는 아이들 경기를 받는 사람들이 되었다. 그리고 있는 것이 없는 것이다.	9-15-90
Signed by: /s/ LARRY JUDD PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-19-90 (date).
	Signed Clerk

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No.	333
File _	
	9-10-90
	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

Auggard M.D

MALE APPLICANT	FEMALE APPLICANT
Name Charles Last	Name Lisa marie maken
Date of Birth Day 18 Year 9	Date of Birth Month 3 Day 30 Year 2
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of B.R. City County State D. A.	Residence Address Street or R.R. City County State
Cell White teck In. Plunfield .	4/1 Duchania Françoisa, on
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: Birth Certificate  Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?  No  Yes	If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin? No ☑ Yes □	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □	3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □
4. Are you now under the influence of a narcotic drug? No√ Yes □	4. Are you now under the influence of a narcotic drug? N∂-□ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's $\mathcal{L}$	7. (a) Full name of applicant's father Nahan
father Jony New York In	Residence of father (if deceased, so state)
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden pame of applicant's	(b) Full maiden name of applicant's
mother Jalan Kila Caldwell	mother Janes Marie Fallips
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant There are the Date O9-10-90	Signature of Applicant Bus a Marse Mahan Date 09-10-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
asknowledgment because of religious beliefs	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Bisa Marie Mahan Date 09-10-9
State of Indiana  HENDRICKS  ) ss:   I swear/affirm that the information given	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
County of	
Signed Jeffrey Charles tood	signed Lisa Marie marran
New Address 411 Buchanan Street	New Address 411 Buchanan st.
Subscribed and sworn to before me this 10 day of 9 1990    Subscribed and sworn to before me this 10 day of HENDRICKS Circuit Court	Subscribed and sworn to before me this 10 day of 1990  Linuxe Square Clerk of the HENDRICKS Circuit Court
Clerk of the Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
	County or
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19 Clerk	Subscribed and sworn to before me this day of 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 9-10-90 , authorizing the marriage of JE	FFREY CHARLES FORD and
LISA MARIE MAHAN	
I further certify that the following marriage certificate was filed in my o	office:
	on 9-21-90 (date), at PLAINFIELD in
TREEDRY CHAPT	ES FORD HENDRICKS
IN (state), and LISA MARIE MAHAN	UPNIDATORS County,
	orcounty,
	d under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 10	-10-90
Signed by: /s/ DANIEL KACER , MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana of	n 10-10-90 (date).
and the first the first the first the first the first of the blate of indiana of	
	Signed Clerk
	HENDRICKS Circuit Court

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

Q-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 \_\_\_\_

MALE APPLICANT	FEMALE APPLICANT	
Name — Eirst Middle Last	Name First Middle Stanet	
Date of Birth Month Day Year	Date of Birth Month Pay Year	
6 21 56	Place of Birth (State or foreign country)	
ace of Birth (State of Toreign Country)		
Residence Address Street or R.R. City County State	Hesidence address Street of n.n. City County State	
revious Marital Status: Never Married OR Previous Marital Status: Never Married OR		
Last Marriage Ended By: Death □ Divorce B Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □	
Date of birth verified by:   Birth Certificate Cother (Specify)	Date of birth verified by: Birth Certificate Q Other (Specify)	
Date of birth verified by: Distrit Certificate Spotter (Specify)		
1. Are you now or have you ever been adjudged to be of unsound mind? No \$\foatin{P}\$ Yes \$\Boxed\$	Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes." has the adjudication been removed?  No Yes   Yes   Yes   Yes   No   No   Yes   No   Yes   No   No   No   No   No   No   No   N	
If answer is "yes," has the adjudication been removed?  No □ Yes □	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes	
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	
4. Are you now under the influence of an aiconolic deverage?  No   Yes □	4. Are you now under the influence of a narcotic drug? No V Yes	
5. List the full names of any dependent children.	5. List the full names of any dependent children.	
6. (a) Full name of father	6. (a) Full name of father of dependent children	
of dependent children	Residence of father (if deceased, so state)	
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
(b) Full maiden name of mother	(b) Full maiden name of mother	
of dependent children	of dependent children	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
7. (a) Full name of applicant's John Shanklow Mithag	7. (a) Full name of applicant's Pune for Stagest	
Residence of father (if deceased, so state) and plo. Ind.	Residence of father (if deceased, so state)	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
(b) Full maiden name of applicant's from Source Journal	(b) Full maiden name of applicant's Holow Joan Shipaga	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
Signature of Applicant Date 9-10-90	Signature of Applicant & Sunda T. Stoppet Date 9-10-90	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court Date	Clerk of Court Date	
Laurar/affirm that the information given	State of Indiana ) I swear/affirm that the information given	
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ) ss. in this application is true and correct.	
signed Volley S. mist	Signed X Jurdan Tapart	
Signed Signed New Address		
Subscribed and sworn to before me this 19 day of 9 day of 9	Subscribed and sworn to before me this 10 day of 9 1990	
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary	
State of Indiana	State of Indiana	
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:	
Signed Father	Signed Father	
Signed Mother	Signed Mother	
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of 19	
Clerk	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 authorizes and directs the	Court, by written order issued	
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana	
dated 9-10, authorizing the marriage of	JEFFERY S. MITNY and	
dated, authorizing the marriage of		
LINDA K. STAPERT		
I further certify that the following marriage certificate was filed in my		
	t on (date), atPLAINFIELD in	
HENDRICKS County, Indiana, JEFFERY S. M.		
IN(state), andLINDA K. STAPE		
(state) were married by me as authorize	d under a marriage license that was issued by the Clerk of the Circu	
Court of HENDRICKS County, Indiana, dated	10-6-90	
Signed by: /s/ WILLIAM R. CLAYTON , PASTOR	(official designation)	
4 to T. 1, al 1, 7 to 2, 5 to 3, 5 to 3	10 10 00	
Filed and recorded in accordance with the laws of the State of Indiana of	on (date).	
	Signed Lance danson Clerk	
AFMI/PD I	HENDRICKS Circuit Cour	

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the

#### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Medical Examination or Report Dated

circuit court when the person applies for a marriage license under IC Name of Physician Daken Jay 31-7-3 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Date of Birth Date of Birth Month Day Month Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Residence Address Street or R.R. Street or R.R. Previous Marital Status: Never Married Previous Marital Status: Never Married D Last Marriage Ended By: Death □ Divorce □ Annulment □ Last Marriage Ended By: Death □ Divorce □ Annulment □ Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) No D Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No □ Yes □ If answer is "yes," has the adjudication been removed? Yes 🗆 Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No D Yes No 1 Yes 🗆 No 🗗 Yes 🗆 Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Ves Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of father of dependent children Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of mother of dependent children of dependent children Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) (a) Full name of applicant's (a) Full name of applicant's Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's (b) Full maiden name of applicant's mother Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) immune deficiency syndrome) Signature of Applicant X Milliam Signature of Applicant StephanceM Date The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs Clerk of Court Date Clerk of Court Date I swear/affirm that the information given I swear/affirm that the information given State of Indiana State of Indiana HENDRICKS HENDRICKS in this application is true and correct in this application is true and correct. Subscribed and sworn to before me this Subscribed and sworn to before me this \_\_\_\_\_ day of day of Sept HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS State of Indiana HENDRICKS County of . County of \_ Signed \_ Signed . Signed Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_ COMPLETE IF MARRIAGE 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 \_ . County, Indiana, 9-17.90 , authorizing the marriage of WILLIAM DEAN MARKER STEPHANIE M. REDMAN I further certify that the following marriage certificate was filed in my office: I. J. DONALD BOEBINGER (name), certify that on \_\_\_\_ 10-5-90 (date), at WHITELICK PRESBYTERIAN CHURCH HENDRICKS County, Indiana, WILLIAM DEAN MARKER IN (state), and STEPHANIE M. REDMAN \_\_\_ of \_\_HENDRICKS \_\_\_\_ County, (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit

Court of \_

Signed by: \_\_

HENDRICKS County, Indiana, dated 10-11-90

/s/ J. DONALD BOEBINGER

Filed and recorded in accordance with the laws of the State of Indiana on \_

PASTOR

\_ (official designation)

(date).

HENDRICKS

10-11-90

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

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 Michaelas Mi

Name // * /_ /First // Middle // Last //	Name // / First Middle Last
Christopher Gorgias Rurs	Kembered (60 Killed)
June 20, 1966	June 26 1901
Place of Birth (State or foreign country) Judiana	Place of Birth, (State or foreign country) Indiana
Residence Address Street or R.R. Holds County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married  OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)
	Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No to Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	6. (a) Full name of father
3. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Joseph Fredrick Kurs	7. (a) Full name of applicant's father Lugane Duane plans for
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Ann Zore	(b) Full maiden name of applicant's To Karst
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Austopher D Keers Date 9-11-90	Signature of Applicant Municipality Go Rewis Date Spot 11,19
	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
Signed Christopher & Keers	Signed Ministerly of Rowis New Address Same
New Address Subscribed and sworn to before me this 4 day of 4 19 90	Subscribed and sworn to before me this day of
Manu Lawson Clerk of the HENDRICKS Circuit Court	Consul Lawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	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, authorizes and directs the	s issuance of a marriage license to the above named parties.
THE RESIDENCE OF THE PARTY OF T	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 9-11-90 , authorizing the marriage of CI	HRISTOPHER DOUGLAS KEERS and
KIMBERLY JO LEWIS	
I further certify that the following marriage certificate was filed in my	office:
I, HAROLD L. LEININGER (name), certify that	
HENDRICKS County, Indiana, CHRISTOPHER DO	
	of HENDRICKS County,
	d under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 9.	
County, Indiana, dated	-29-90
Signed by: /S / HAROLD I. LEININGER DASTOR	
	(official designation)
	on 10-5-90 (date).
Signed by: _/s/ HAROLD L. LEININGER , PASTOR  Filed and recorded in accordance with the laws of the State of Indiana o	(official designation)

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS \_ County

No.	537
File .	
	9-12-90
	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 R. Stragmaller

MALE APPLICANT	FEMALE APPLICANT	
Name First Middle Wilsow	Name First Flisabeth Hash	
Date of Birth Month Day Year	Date of Birth Month Day Year	
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)	
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State	
16 28 Cost hunst It. Drager. 46214	Previous Marital Status: Never Married (1), OR	
Previous Marital Status: Never Married OR		
Last Marriage Ended By: Death □ Divorce ♠ Annulment □	The state of the s	
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind? No 🕦 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  Yes   Yes	257
2. Are you now under the influence of an alcoholic beverage?	Are you new under the influence of an alcoholic beverage?  No   Yes □  Yes □	
<ul> <li>3. Are you now under the influence of an alcoholic beverage?</li> <li>4. Are you now under the influence of a narcotic drug?</li> <li>No</li></ul>	4. Are you now under the influence of a narcotic drug? No ☑ Yes □	
List the full names of any dependent children.	5. List the full names of any dependent children. White Task	
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children	
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of mother	
(b) Full maiden name of mother of dependent children	of dependent children	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's	
7. (a) Full name of applicant's broadd of Wilson	father <u>Edward</u> sony tash	
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	
(b) Full maiden name of applicant's Shinky June Mangage	mother Susan Ann Jankler	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites/for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding 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 XXVIII Hach - Date	
Signature of Applicant American Ameri	Orgination of Applicant	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court Date	Clerk of Court Date	
State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS State of Indiana I swear/affirm that the information given jo this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	
300	J. Hem	
Signed X men orym William	Signed 23500 Brall da Jodges UN	.462
New Address  Subscribed and sworn to before me this 12 day of 500, 19 90	New Address  Subscribed and sworn to before me this day of HENDRICKS	
Subscribed and sworn to before me this day of HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary	
State of Indiana )	State of Indiana HENDRICKS ) ss:	
County of HENDRICKS ss:	County or)	
Signed Father	Signed Father	
Signed Mother Subscribed and sworn to before me this day of 19	Signed Mother Subscribed and sworn to before me this day of 19	
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of 19 Clerk	
COMPLETE IS MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the	
County	Court, by written order issued	
and filed in, authorizes and directs the		
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,	
dated 9-12-90, authorizing the marriage of EI	MER LYN WILSON and	
AMY ELIZABETH HASH		
I further certify that the following marriage certificate was filed in my o	office:	
I,		
HENDRICKS County, Indiana, ELMER LYN WILSON		
	d under a marriage license that was issued by the Clerk of the Circuit	
Court of HENDRICKS County, Indiana, dated	9-22-90	
Signed by: /s/ CANDACE KINGMA-PIPER JUDGE	(official designation)	
Filed and recorded in accordance with the laws of the State of Indiana of	이 마다 하는 사람들이 나가 되었다면 얼마나 아들이 아니는 아들이 되었다면 하는데 그는 사람들이 되었다면 하는데	
r neu anu recordeu in accordance with the laws of the State of Indiana of		
AFML/PD1	HENDRICKS Circuit Court	

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

No.	- 30
File	
	9-12-90
Name of Street	Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 At Christian Family Practice

Name	Name Middle Last
darry e. Hyon	Tipchelle C. Ludlaw
Date of Birth   Day   Pear	Date of Birth Month Day 1967
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address/ Street or R.R. City County State
119, 1 Sefferson, Fraussuure	Previous Marital Status: Never Married D OR
Previous Marital Status: Never Married OR	
Last Marriage Ended By: Death Divorce Annulment Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗷 Yes 🗆
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No D Yes D	2. Are you related to the male applicant closer than second cousin? No D Yes D
3. Are you now under the influence of an alcoholic beverage? No □ Yes □	3. Are you now under the influence of an alcoholic beverage? No 🗗 Yes 🗆
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Minul Sudlaw	5. List the full names of any dependent children.
Jennefer Hyon	6. (a) Full name of father
6. (a) Full name of father of dependent children	ordependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maider name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7. (a) Full name of applicant's
father father	father James dyedlow
Residence of father (if deceased, so state)	Residence of father (if dedeesed, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Span Officely	(b) Full maiden name of applicant's honna coper
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) And plb, Sh.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWI EDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerogs communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant + Lamp Deliger Date 9-12-90	Signature of Applicant App
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed X Jan Hylit	Signed & M. Chelly Fudfow
New Address 19 8 Deflusen Brawnshing	New Address / 19 N. Jel Adel & Mart - Blowlish
Subscribed and sworn to before pie this day of Sept., 1990	Subscribed and sworn to before me this 12 day of Super 1920 4
Conne Townson Clerk of the HENDRICKS Circuit Court	Consultation Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IE MADDIAGE LICENSE ISSUED BY ORDED OF COURT	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of County, Indiana,
dated, authorizing the marriage of	LARRY E. DIXON and
MICHELLE C. LUDLOW	
I further certify that the following marriage certificate was filed in my o	office:
I, MARVIN E. SIPES (name), certify that	
	of HENDRICKS County,
	I under a marriage license that was issued by the Clerk of the Circuit
court of	<del>-12-90</del>
Signed by: /s/ MARVIN E. SIPES MINISTE	ER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	n 10-19-90 (date).
and recorded in decordance with the laws of the State of Indiana on	
	Signed Clerk Clerk
AFML/PD1	HENDRICKS Circuit Court

### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

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 Sharles H. Dripple

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Strole	Name First Middle R Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R., City County State	Residence Address Street or R.R. City County State
Cost W. 1645t. Delph. 46224	pertesting Ed Ra Of the pertestion
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married D. OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by: 🗆 Birth Certificate 🖼 Other (Specify) 🚨 📆 🔭
Are you now or have you ever been adjudged to be of unsound mind? No       Yes □	Are you now or have you ever been adjudged to be of unsound mind? No      Yes
Are you now or have you ever been adjudged to be of unsound mind? No      Yes □      If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No   ✓ Yes □	2. Are you related to the male applicant closer than second cousin? No ☑ Yes □
3. Are you now under the influence of an alcoholic beverage? No	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes □
4. Are you now under the influence of a narcotic drug? No   No   Yes □	4. Are you now under the influence of a narcotic drug? No 💆 Yes 🗆
5. List the full names of any dependent children.	List the full names of any dependent children.
	6 (a) Full power of father
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Mane Standard	7. (a) Full name of applicant's when Bloomer
Residence of father (if deceased, so state)	
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother Malva Jane Boldinte	mother Mastha glav Tradepass
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
A CONTRACTOR OF THE PROPERTY O	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant Arank Strole Date Sept 121990	Signature of Applicant & Fobrity Bloom Date 9-12-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct.
signed X Frank Strole	000
New Address 801 #B Andpls., Ind 46214	Signed & Gobintyan Blooms
Subscribed and sworn to before me this 2 day of 9 1990	Subscribed and sworn to before me this 12 day of 9 1990
Clerk of the HENDRICKS Circuit Court	Source Agusto Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	SignedFather
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the i	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I 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	[15]
	FRANK J. STROLE and
ROBIN LYNN BLOOMER	
I further certify that the following marriage certificate was filed in my of	
I, PAUL G. MALLORY, JR. (name), certify that	on 9-15-90 (date), at CARTERSBURG in
HENDRICKS County, Indiana, FRANK JOSEPH STE	
IN (state), and ROBIN LYNN BLOOMER	of HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 9-1	5-90
Signed by: _/s/ PAUL G. MALLORY, JR. PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-28-90
	(date).
	Signed
AFML/PD1	HENDRICKS Circuit Court

AFML/PD 1

### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

No.	540	1000
File		
	9-12-90	
TOWN	Date of Application	

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Agama Jamalla

HENDRICKS

\_Circuit Court

Name First Middle Last	Name First Middle Last Jones
Date of Birth Month Day Year	Date of Birth O Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
2) Baras St. With Bradia 1 A 91006	12 Dorshield yw. Dans
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married D OR
ast Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: Birth Certificate  Other (Specify)	Date of birth verified by: Birth Certificate   Other (Specify)
	Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □
If answer is "yes," has the adjudication been removed?  No Yes  Yes	Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐     If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No 🖫 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No 💆 Yes [
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □
I. Are you now under the influence of a narcotic drug? No 🗓 Yes 🗆	4. Are you now under the influence of a narcotic drug? No 💆 Yes D
5. List the full names of any dependent children.	5. List the full names of any dependent children.
i. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
(a) Full name of applicant's Robert Dhave Franks	7. (a) Full name of applicant's father Sames, Refrest Ones
Residence of father (if deceased, so state) <u>At Name</u>	Residence of father (if deceased, so state) Brug Ad.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's Q . Braynak
mother applications of applications of the total and the state of the	mother Dernie Carbaras
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).
Signature of Applicant X with W. Hanke Date 9-12-90	Signature of Applicant X CLO CLUL Date 9/12/90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
State of Indiana HENDRICKS  ss: I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed & Curto W. Thanke	Signed X Ilin Unni Johls
New Address	New Address 21 GENOA Street, Unit C AMADIA, CA
Subscribed and sworn to before me this	Subscribed and sworn to before me this 12 day of 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
state of Indiana HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father	(1) 전투 (1) : (1)
Signed Mother	SignedFather
Subscribed and sworn to before me this day of, 19	Signed Mothe Subscribed and sworn to before me this day of, 19
Clerk	Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENS	The state of the s
	Clerk of the Circuit Court of HENDRICKS County, Indiana
certify that there was filed in my office a marriage license issued by the	Cicir of the circuit court of
certify that there was filed in my office a marriage license issued by the	Clerk of the circuit court of
lated, authorizing the marriage ofCU	JRTIS DEAN FRANKE and
description that there was filed in my office a marriage license issued by the lated	ORTIS DEAN FRANKE and  _,  ffice:
description that there was filed in my office a marriage license issued by the lated	ORTIS DEAN FRANKE and  _,  ffice:
description that there was filed in my office a marriage license issued by the lated	office:  on9-15-90 (date), atINDPLS inindicate inindicate in
certify that there was filed in my office a marriage license issued by the lated	of LOS ANGELES County
Certify that there was filed in my office a marriage license issued by the lated	of Los Angeles County  IES of HENDRICKS County
LEIGH ANNE JONES  further certify that the following marriage certificate was filed in my of the marriage of	of LOS ANGELES County  IES of HENDRICKS County
certify that there was filed in my office a marriage license issued by the lated	of LOS ANGELES County  In the county of the Clerk of the Circu
LEIGH ANNE JONES  further certify that the following marriage certificate was filed in my of further certify that the following marriage certificate was filed in my of LINDA MCCOY (name), certify that LINDA MCCOY (name), certify that MARION County, Indiana, CURTIS DEAN FRANCA (state), and LEIGH ANNE JON IN (state) were married by me as authorized Court of HENDRICKS County, Indiana, dated	of LOS ANGELES County  In the county of the Clerk of the Circu
LEIGH ANNE JONES  further certify that the following marriage certificate was filed in my of further certify that the following marriage certificate was filed in my of the function of the following marriage certificate was filed in my of the function of the following marriage certificate was filed in my of the function of the functi	ORTIS DEAN FRANKE and  of

### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS \_ County

File	1 10			
	1-1	2.9	0	

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Bornard Enker

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Patricia To Smith
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
TO	10
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married  OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
	The state of the s
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Q Yes \	1. Are you now or have you ever been adjudged to be of unsound mind? No 🐧 Yes 🗆
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No 🗘 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No □ Yes □  5. List the full names of any dependent children. Show the state of the state o	4. Are you now under the influence of a narcotic drug?  No   Yes   5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of mother
(b) Full maiden name of mother of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's San Bound 1 Cott	7. (a) Full name of applicant's
Paridoper of father (if deceased as state)	father Charles of father (if deceased so etate) ( Annual C. The
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's M	(b) Full maiden name of applicant's
mother Services of Approach & Phages	mother Physical and Lynch
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Harry Teath Date 9-12-90	Signature of Applicant A Saturcia & Smith Date 9-1290
Orginatore of Applicant	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs
Clerk of Court Date	Clerk of Court Latucea & Smill Date 9-12-90
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
Signed Harry 1. Catt	Signed
New Address	New Address
Subscribed and sworn to before me this 12 day of 9 19.0	Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
[MANDER RESERVED TO BE TO SERVE THE SERVE SERVED TO SERVED SERVED TO SERVED SER	County of)
Signed Father Signed Mother	Signed Father
Signed Mother Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	
DETUDN OF MADDIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 9-12-90 authorizing the marriage of GAR	RY T. CATT and
PATRICIA JO SMITH	
I further certify that the following marriage certificate was filed in my o	
I, S.V. STILES (name), certify that	on 9-15-90 (date), at DANVILLE in
HENDRICKS County, Indiana, GARY T. CATT	of HENDRICKS County,
IN (state), and PATRICIA JO 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
	9-12-90
Signed by: _/s/ S. V. STILES PASTOR	(official designation)
	(official designation) 9-17-90
Filed and recorded in accordance with the laws of the State of Indiana on	0(date).
	Signed Tonis Jawan Clerk
AFML/PD1	HENDRICKS Circuit Court

\_Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_\_ County

No.	542
File	
	9-13.90
	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 

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
POPox 203, 107 10. Pense. St. and Id.	Dox 203, 1050. Frank St. and Ind.
Previous Marital Status: Never Married B OR	Previous Marital Status: Never Married Q OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)	Date of birth verified by: 由 Birth Certificate 口 Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 📜 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin? No 🕱 Yes 🗆	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?  No ☐ Yes ☐  4. Are you now under the influence of a narcotic drug?  No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage?  No ☐ Yes ☐  4. Are you now under the influence of a narcotic drug?  No ☐ Yes ☐
List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father of dependent children	(a) Full name of father     of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Robert Thester Millsoch	7. (a) Full name of applicant's Sellian Las Dove
Residence of father (if deceased, so state) Regulado and.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Holon forces Phillips	(b) Full maiden name of applicant's mother — Many Many Many
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Washington III
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
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 9-/3-90	I acknowledge that I have received information regarding 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 9-13-2
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
State of Indiana I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
State of Indiana HENDRICKS ) ss:   I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed X Bolly Address	Signed & Bevaly & Dove
New Address	New Address
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	
	Clerk of the Circuit Court ofCounty, Indiana,
dated 9-13-90 , authorizing the marriage of	BOBBY JOE GILBRECH and.
BEVERLY ANN DOVE	
I further certify that the following marriage certificate was filed in my o	ffice:
I, CYNTHIA J. SPENCE (name), certify that	on 9-13-90 (date), at DANVILLE in
HENDRICKS County, Indiana, BOBBY JOE GILBR	
IN (state), and BEVERLY ANN DOVE	of HENDRICKS County
	l under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated	9-13-90
Signed by: /s/ CYNTHIA J. SPENCE 1ST DEPUTY	CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana or	9-13-90 (date).
	2
AFML/PD 1	HENDRICKS Circuit Cour

# 452

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

No.	543
File	
	9-13.90
100	Date of Application

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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. Polan

MALE APPLICANT	
Name Wistopher Michael Seuler	Name Heather Run Elme
Date of Birth Month Day Year	Date of Birth Month Q Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married D OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: □ Birth Certificate □ Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 1/2 Yes   Management the set is a set of the set	Are you now or have you ever been adjudged to be of unsound mind? No      Yes □     If answer is "yes," has the adjudication been removed?
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐  Are you related to the female applicant closer than second cousin?  No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No 💆 Yes 🗆
3. Are you now under the influence of an alcoholic beverage? No □ Yes □	3. Are you now under the influence of an alcoholic beverage? No △ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
i. List the full names of any dependent children.	5. List the full names of any dependent children.
3. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
(a) Full name of applicant's M. Donald Saufer	7. (a) Full name of applicant's Prince Dale Elman
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Roberts T. William	(b) Full maiden name of applicant's Foren year Dahabranen
Residence of mother (if deceased, so state) Horoseville Ital.	Residence of mother (if deceased, so state) Leasthill. TO
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant & Miss M Saylo? Date	Signature of Applicant Alexander Dawn Elmorate 9-13-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
HENDDICKS SS:	State of Indiana  HENDRICKS  ) ss: I swear/affirm that the information given
HEATDDICKS SS:	County of HENDRICKS ) ss: in this application is true and correct.
HEATDDICKS SS:	County of HENDRICKS ) ss: in this application is true and correct.
Signed Musiciples M. Jay 6) New Address	Signed Signed New Address 3 74 November 20 Mookandle
Subscribed and sworn to before me this	Signed HENDRICKS in this application is true and correct.  Signed New Address To Novelhood On Moorandle,  Subscribed and sworn to before me this Aday of 1950
Signed Signed Market Ma	Signed Signed New Address 374 Novelholds On Moderally  Subscribed and sworn to before me this 3 day of 1990  Clerk of the HENDRICKS Circuit Court
Signed Signed Manual Ma	Signed Signed New Address Subscribed and sworn to before me this Aday of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN
Signed Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN  Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	Signed Signed New Address 374 Novelholds On Moderally  Subscribed and sworn to before me this 3 day of 1990  Clerk of the HENDRICKS Circuit Court
Signed Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN  Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	Signed New Address Aday of 1990 Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
Signed  New Address Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS	Signed New Address Aday of HENDRICKS  Subscribed and sworn to before me this Aday of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  SS: in this application is true and correct.
Signed Signed Subscribed and sworn to before me this Subscribed and sworn to before me this Consent of the HENDRICKS Circuit Court Consent of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS SS:	Signed New Address Aday of 1990  Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS S:
Signed  New Address Subscribed and sworn to before me this day of HENDRICKS  Consent of the HENDRICKS  Consent of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS	Signed New Address Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father
Signed  New Address Subscribed and sworn to before me this day of HENDRICKS  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, thate facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Signed  S	Signed
Signed Si	Signed New Address Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father
Signed  New Address Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  Consent of Parents, Parent, Or Guardian  Ne, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of Signed  Sign	Signed
Signed New Address Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Signed Signed Signed Signed Signed Signed Subscribed and sworn to before me this day of 1990 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Signed New Address State of Indiana HENDRICKS  Signed Menuture Signed County of Menuture Signed Menuture Signe
Signed New Address Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Signed Signed Signed Signed Signed Signed Subscribed and sworn to before me this day of 1990 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Signed New Address State of Indiana HENDRICKS  Signed Menuture Signed County of Menuture Signed Menuture Signe
Signed  New Address Subscribed and sworn to before me this  Consent of Parents, Parent, Or Guardian  New, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed	Signed New Address State of Indiana HENDRICKS  Signed Menuture Signed County of Menuture Signed Menuture Signe
Signed  New Address Subscribed and sworn to before me this  Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Signed  Sign	Signed  New Address  Subscribed and sworn to before me this  Clerk of the HENDRICKS  Signed  Clerk of the HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the court, by written order issued  issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE
Signed  New Address Subscribed and sworn to before me this day of HENDRICKS Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed  Sig	Signed Signed Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the court, by written order issued issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS  County, Indiana,
Signed New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary  Signed	Signed  New Address  Subscribed and sworn to before me this  Clerk of the HENDRICKS  Signed  Clerk of the HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the court, by written order issued  issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE
Signed  New Address Subscribed and sworn to before me this day of HENDRICKS Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary  Signed  Sign	Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS  Consent of Parents, Parent, or Guardian  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  HENDRICKS  Signed  Signed  Signed  Father  Signed  A marriage license having been refused to the above named parties, the Court, by written order issued  issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of  HENDRICKS  County, Indiana,  REISTOPHER MICHAEL, SAYLOR
Signed Signed Signed Signed Security of HENDRICKS Signed S	Signed Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  BE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, iRISTOPHER MICHAEL SAYLOR and
Signed Signed Signed Signed Security of HENDRICKS Signed S	Signed  New Address  Subscribed and sworn to before me this
Signed  New Address Subscribed and sworn to before me this day of HENDRICKS Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary  Signed  Sign	Signed Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and IRISTOPHER MICHAEL SAYLOR and INDIPLS in
Signed Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Si	Signed Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and IRISTOPHER MICHAEL SAYLOR and INDIPLS in
Signed New Address Subscribed and sworn to before me this Aday of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed HENDRICKS Signed Signed Signed Subscribed and sworn to before me this Aday of Signed Subscribed and sworn to before me this Aday of Signed Subscribed and sworn to before me this Aday of Signed Subscribed and sworn to before me this Aday of Signed Subscribed and sworn to before me this Aday of Signed Subscribed and sworn to before me this Aday of Signed Subscribed and sworn to before me this Aday of Signed Subscribed and sworn to before me this Aday of Signed Subscribed and sworn to before me this Aday of Signed Subscribed and sworn to before me this Aday of Signed Subscribed and sworn to before me this Aday of Signed Subscribed and sworn to before me this Aday of Signed Subscribed and sworn to before me this Aday of Signed Subscribed and sworn to before me this Aday of Signed Signed Subscribed and sworn to before me this Aday of Signed Si	County of HENDRICKS   ss: in this application is true and correct.  Signed   Adaptive
Subscribed and sworn to before me this	County of HENDRICKS   ss: in this application is true and correct.  Signed   A
Signed New Address Subscribed and sworn to before me this Aday of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN Ne, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Subscribed and sworn to before me this day of 1990 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  If certify that there was filed in my office a marriage license issued by the dated Adaptive of the Adaptive of the Marriage of CHATTHER DAWN ELMORE  If further certify that the following marriage certificate was filed in my of the MARION County, Indiana, CHRISTOPHER MARION County, Indiana, CHRISTOPHER MARION (state), and HEATHER D. ELMORE IN (state) were married by me as authorized Court of HENDRICKS County, Indiana, dated 90-	County of HENDRICKS   ss: in this application is true and correct.  Signed   Subscribed and sworn to before me this   day of   1900   Clerk of the HENDRICKS   Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary    State of Indiana   HENDRICKS   Ss:  Signed   Father   Signed   Mother   Subscribed and sworn to before me this   day of   19   Clerk  A marriage license having been refused to the above named parties, the issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE   Clerk of the Circuit Court of   HENDRICKS   County, Indiana, irristropher Michael Saylor   and    A SAYLOR   of   MORGAN   County, irristrate   Morgan   Morgan   County   Morgan   Morgan   County   Morgan   M
Signed New Address Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN No, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Signed Signed Signed Signed Signed Signed Signed Subscribed and sworn to before me this day of 1990 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  I certify that there was filed in my office a marriage license issued by the dated partiage of CHEATHER DAWN ELMORE  If further certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of	County of HENDRICKS   ss: in this application is true and correct.  Signed
Signed New Address Subscribed and sworn to before me this	County of HENDRICKS   ss: in this application is true and correct.  Signed
Signed Subscribed and sworn to before me this Signed Signed Clerk of the HENDRICKS Circuit Court Consent of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary  Signed Signed Signed Signed Signed Signed Signed Subscribed and sworn to before me this day of 1990 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE issued by the dated Signed Signed Signed Signed Signed Signed Signed Subscribed and sworn to before me this Signed Subscribed and sworn to before me this Signed Subscribed and sworn to before me this Signed S	County of HENDRICKS   ss: in this application is true and correct.  Signed

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

9-13-90 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 6-4Name of Physician 21. Keiner Smith

FEMALE APPLICANT
Janny Rauon Sheel
Sirth Month 9 Day 2 Year 73
Birth (State or foreign country)
the Address Street of R.R. City County States Q (1/2)
418 Julip Dr., Intply., n. 4600.
Marital Status: Never Married OR
riage Ended By: Death Divorce Annulment
oirth verified by: Birth Certificate   Other (Specify)
you now or have you ever been adjudged to be of unsound mind? No Yes
nswer is "yes," has the adjudication been removed? No □ Yes □
you related to the male applicant closer than second cousin?
you now under the influence of an alcoholic beverage?
you now under the influence of a narcotic drug?
t the full names of any dependent children.
Full name of father
of dependent children
Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)
Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)
Full name of applicant's father Shull and of
Residence of father (if deceased, so state) In Manapalis S
Birthplace of father (State or foreign country) Indiana,
Full maiden name of applicant's
mother Donna Marie Francisco )
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
Birthplace of mother (State of foreign country)
ACKNOWLEDGMENT
wledge that I have received information regarding dangerous communicable diseases sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
re of Applicant Canny Shull Date 9-13-90
ove applicant has objected to verifying by oath or affirmation or signature to the above
ledgment because of religious beliefs.  Court Date
of HENDRICKS ss: Is wear/affirm that the information given in this application is true and correct.
signed Jammy Shul
Now Address
bed and sworn to before me this 13 th day of Sept 1990
nie Lawren Clerk of the HENDRICKS Circuit Court
ENT OF PARENTS, PARENT, OR GUARDIAN
parents of this applicant, hereby give consent for this marriage. If only one parent signs,
cts which make the consent of the other parent unnecessary
Indiana HENDRICKS ss:
01)
Signed Domin muir frum Mother
Signed Donne Mund Shur Mother
ibed and sworn to before me this 132 day of Sept 1998
Carrie Lawren Clerk
ge license having been refused to the above named parties, the Court, by written order issued
of a marriage license to the above named parties.
MARRIAGE CERTIFICATE
the circuit court of county, material
AS E. SCOTT and
9-15-90 (date), at PLAINFIELD in
of HENDRICKS County
of HENDRICKS County
a marriage license that was issued by the Clerk of the Circu
a marriage meeting that was about by the order of the effect
TER (Ministration time)
TER (official designation)
9-25+90 (date).
Tornie Tourse Cler
-

AFML/PD 1

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_\_ County

0	-14.90
Date of	Application

Circuit Court

545

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 \_

No.

File

MALE APPLICANT	FEMALE AFFEIGANT
Name First Middle Elliast	Name Denise Lun Elsburg
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married  OR	Previous Marital Status: Never Married DOR
THE RESIDENCE OF THE PARTY OF T	
Last Marriage Ended By: Death Divorce Annulment	
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) ☑ 🗔 🖂 💮	Date of birth verified by: ☐ Birth Certificate ♠ Other (Specify) ♣ ♣ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦
1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗷 Yes 🗆
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No 💆 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No 🗷 Yes 🗆
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?  No □ Yes □  5. List the full names of any dependent children.
5. List the full names of any dependent children.	5. List the full flames of any dependent officials.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Mange Stephen. Ellist	7. (a) Full name of applicant's James Educated Elaborate
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
AL THE WAR AND A CONTRACTOR OF THE PARTY OF	(b) Full maiden name of applicant's > 4
mother Martha gare Martha	mother Menda Jaras Harris
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant A Lorge Aregory Elliott Date	Signature of Applicant Lense Linn Elsbury Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
Clerk of Court Date  State of Indiana ) second in the information given	State of Indiana State of Indiana I swear/affirm that the information given
State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
State of Indiana County of HENDRICKS Second State of Indiana HENDRICKS Second S	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
State of Indiana County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed Magany Elliotts  New Address	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  Signed Hencise Line Elsbury  New Address
State of Indiana County of HENDRICKS Signed Logo Logo Segon Selection New Address Subscribed and sworn to before me this day of Segon 1990	State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed Line Elsbury  New Address   day of Sept. 1930
State of Indiana County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed Magany Elliotts  New Address	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  Signed Hencise Line Elsbury  New Address
State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  Signed Logg Loggony Elliotte  New Address  Subscribed and sworn to before me this day of Sept 1990	State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed Line Elsbury  New Address   day of Sept 1910
State of Indiana County of HENDRICKS  Signed Manager M	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  Signed Lina Elsbury  New Address Subscribed and sworn to before me this day of Lerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
State of Indiana County of HENDRICKS  Signed Loggo Loggong Elliott  New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  Signed Lina Elsbury  New Address Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN
State of Indiana County of HENDRICKS  Signed Logo Logo Logo Logo New Address  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  Signed Line Elsbury  New Address  Subscribed and sworn to before me this day of Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
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State of Indiana County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed Hendricks   Signed Hendricks   Signed Hendricks   Subscribed and sworn to before me this   Subscribed and sworn to before me this   Subscribed and sworn to before me this   Clerk of the HENDRICKS   Circuit Court    CONSENT OF PARENTS, PARENT, OR GUARDIAN   We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary   State of Indiana   HENDRICKS   Ss:	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  Signed Line Elsbury  New Address  Subscribed and sworn to before me this Way of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS ) ss:
State of Indiana County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed Loggo Loggony School   School   Signed Loggony School   Subscribed and sworn to before me this   day of   HENDRICKS   Lect   Signed Loggony School	State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed Lina Elsbury  New Address  Subscribed and sworn to before me this   day of   1910
State of Indiana County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Father Signed Mother  Subscribed and sworn to before me this day of 19	State of Indiana County of HENDRICKS   ss:   I swear/affirm that the information given in this application is true and correct.  Signed Line Clabury   New Address   Subscribed and sworn to before me this   day of   HENDRICKS   Circuit Court    CONSENT OF PARENTS, PARENT, OR GUARDIAN   We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary    State of Indiana   HENDRICKS   Ss:   Signed   Father
State of Indiana County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed Songe Magany Solved	State of Indiana County of HENDRICKS   ss:   I swear/affirm that the information given in this application is true and correct.    Signed   Line Clabury
State of Indiana County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   Ss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed Linco Clabbury  New Address  Subscribed and sworn to before me this   day of   HENDRICKS   Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   ss:  Signed   Father   Signed   Mother   Subscribed and sworn to before me this   day of   19   Clerk  A marriage license having been refused to the above named parties, the
State of Indiana HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed	State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed Linco Clabury  New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   ss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued
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State of Indiana County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   Ss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the	State of Indiana County of HENDRICKS   ss:   I swear/affirm that the information given in this application is true and correct.    Signed   Merical Line Clabury
State of Indiana County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   Ss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  Signed Lene Elsbury New Address Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS ) ss:  Signed Mother Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE
State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed Longo Legany Ellant   New Address   Subscribed and sworn to before me this   day of   HENDRICKS   Gircuit Court    CONSENT OF PARENTS, PARENT, OR GUARDIAN   We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary    State of Indiana   HENDRICKS   Ss:    Signed   Father   Signed   Mother    Subscribed and sworn to before me this   day of   19   Clerk    COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.    County   authorizes and directs the    RETURN OF MARRIAGE LICENSE ISSUED by the    RETURN OF MARRIAGE LICENSE IS	State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  Signed Larro Elabury  New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS ) ss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
State of Indiana County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Father Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED ISSUED BY ORDER OF COURT.  County authorizes and directs the dated 9-14-90 , authorizing the marriage of 19 Clerk	State of Indiana County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed Line Clabury New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   Ss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, GEORGE G. ELLICITT and
State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed Longo Legany Ellant   New Address   Subscribed and sworn to before me this   day of   HENDRICKS   Gircuit Court    CONSENT OF PARENTS, PARENT, OR GUARDIAN   We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary    State of Indiana   HENDRICKS   Ss:    Signed   Father   Signed   Mother    Subscribed and sworn to before me this   day of   19   Clerk    COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.    County   authorizes and directs the    RETURN OF MARRIAGE LICENSE ISSUED by the    RETURN OF MARRIAGE LICENSE IS	State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  Signed Larro Elabury  New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS ) ss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   ss:  Signed Father Signed Mother  Signed Mother  County of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED Is certify that there was filed in my office a marriage license issued by the dated 9-14-90 , authorizing the marriage of	State of Indiana County of HENDRICKS   ss: Iswear/affirm that the information given in this application is true and correct.  Signed HENDRICKS   Signed Line Elaboury   1910   New Address   Glerk of the HENDRICKS   Circuit Court   CONSENT OF PARENTS, PARENT, OR GUARDIAN   We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary    State of Indiana HENDRICKS   Ss:  Signed   Father   Signed   Mother   Subscribed and sworn to before me this   day of   19   Clerk    A marriage license having been refused to the above named parties, the   court, by written order issued   issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE   Clerk of the Circuit Court of   HENDRICKS   County, Indiana,   GEORGE G. ELLIOTT   and   office:
State of Indiana County of HENDRICKS Signed Aday of Sept 1980  Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Father Signed Mother  Signed Father Signed Mother  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in my office a marriage license issued by the dated 9-14-90 , authorizing the marriage of DENISE L. ELSBURY  I further certify that the following marriage certificate was filed in my of the parent in this application is true and correct.  I swear/affirm that the information given in this application is true and correct.  I swear/affirm that the information given in this application is true and correct.  Signed Subscribed and sworn to before me this day of 1980  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the subscribed in my office a marriage license issued by the dated 9-14-90 , authorizing the marriage of DENISE L. ELSBURY  I further certify that the following marriage certificate was filed in my office and particular that the following marriage certificate was filed in my office and particular that the following marriage certificate was filed in my office and particular that the following marriage certificate was filed in my office and particular that the following marriage certificate was filed in my office and particular that the following marriage certificate was filed in my office and particular that the following marriage certificate was filed in my office and particular that the following marriage certificate was filed in my office and particular that the following marriage certificate was filed in my office and particular that the following marriage certificate was filed in my office and particular that the following marriage that the following marriage that the fol	State of Indiana County of HENDRICKS   ss:   I swear/affirm that the information given in this application is true and correct.    Signed   Mercial Lena Elebary
State of Indiana County of HENDRICKS Signed Aday of Sept 1980  Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS Signed Father Signed Mother  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County for Marriage of Mother RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County for Marriage of Mother RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County for Marriage of Mother RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County for Marriage of Marriage of Marriage of Mother RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County for Marriage of Marriage of Marriage of Mother RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County for Marriage of Marriage of Marriage of Marriage of Marriage of Mother RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County for Marriage of Marriage Order	State of Indiana County of HENDRICKS   ss:   I swear/affirm that the information given in this application is true and correct.    Signed   Mercial Lena Elebary
Clerk of Court  State of Indiana HENDRICKS  Signed HENDRICKS  Signed HENDRICKS  Signed HENDRICKS  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  Clerk of the HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  I certify that there was filed in my office a marriage license issued by the dated 9-14-90  DENISE L. ELSBURY  I further certify that the following marriage certificate was filed in my of I, A. W. FARNSWORTH IV (name), certify that	State of Indiana County of HENDRICKS   ss:   I swear/affirm that the information given in this application is true and correct.    Signed   Mercial Lena Elebary
State of Indiana County of HENDRICKS Signed Clerk of the HENDRICKS Clircuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of Father Signed Mother  Signed Mother  Signed Mother  Signed Mother  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the dated 9-14-90  DENISE L. ELSBURY  I further certify that the following marriage certificate was filed in my of the county in the marriage of County (name), certify that HENDRICKS (County, Indiana, GEORGE G. ELLIO DENISE L. ELSBURY)  In (state), and DENISE L. ELSBURY	State of Indiana County of HENDRICKS   ss:   I swear/affirm that the information given in this application is true and correct.    Signed   Maleria & Lena & Clabury     New Address   Subscribed and sworn to before me this   day of   1910     Consent Of Parents, Parent, Or Guardian   HENDRICKS   Circuit Court
State of Indiana County of HENDRICKS  Signed Signed Clerk of the HENDRICKS Clircuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Mother  Signed Mother  Signed Mother  Signed Mother  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the dated 9-14-90  DENISE L. ELSBURY  I further certify that the following marriage certificate was filed in my of I, A. W. FARNSWORTH IV (name), certify that the IV (name), certify that IN (state), and DENISE L. ELSBURY  IN (state), and DENISE L. ELSBURY  IN (state) were married by me as authorized.	State of Indiana County of HENDRICKS   ss:   I swear/affirm that the information given in this application is true and correct.    Signed   Maleria & Lerra & Clabury     New Address   Subscribed and sworn to before me this   day of   1910     Consent Of Parents, Parent, Or Guardian   Hendricks   Circuit Court
State of Indiana New Address Subscribed and sworn to before me this Signed Signed State of Indiana New Address Subscribed and sworn to before me this Signed State of Indiana New, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Signed Signed Signed Signed Signed Signed Signed Subscribed and sworn to before me this marriage. If only one parent signs, state facts which make the county and the subscribed and sworn to before me this marriage in the subscribed and sworn to before me this marriage in the subscribed and sworn to before me this marriage in the subscribed and sworn to before me this marriage. If only one parent signs, state for the HENDRICKS County in the marriage in the subscribed and sworn to before me this marriage in the subscribed and sworn to before me this marriage. If only one parent signs, state for the HENDRICKS County in the marriage. If only one parent signs, state for the HENDRICKS County in the marriage. If only one parent signs, state for the HENDRICKS County in the marriage. If only one p	State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed
State of Indiana County of HENDRICKS   Ss: Iswear/affirm that the information given in this application is true and correct.  Signed Corgo Subscribed and sworn to before me this day of September   19.90    CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   Ss:  Signed Father Signed Mother  Signed Mother  County of Lord HENDRICKS   Ss:  County of RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  I certify that there was filed in my office a marriage license issued by the dated 9-14-90 , authorizing the marriage of DENISE L. ELSBURY  If urther certify that the following marriage certificate was filed in my office in this application is true and correct.  In (state), and DENISE L. ELSBURY  IN (state) were married by me as authorized to court of HENDRICKS County, Indiana, dated 10-1  Signed by: /s/A. W. FARNSWORTH IV , CLERCY	State of Indiana County of HENDRICKS   Ss:   I swear/affirm that the information given in this application is true and correct.  Signed   Merical Lance Clabury   New Address   Subscribed and sworn to before me this   day of   Sect   1940   CONSENT OF PARENTS, PARENT, OR GUARDIAN   We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary   State of Indiana   HENDRICKS   Ss:   Signed   Signed   Father   Signed   Mother   Subscribed and sworn to before me this   day of   19   Clerk   A marriage license having been refused to the above named parties, the   Court, by written order issued   issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE   Clerk of the Circuit Court of   HENDRICKS   County, Indiana,   GEORGE G. ELLIOTT   and   Iffice:   on   9-30-90   (date), at   DANVILLE   in   HENDRICKS   County,   under a marriage license that was issued by the Clerk of the Circuit   9-90   (official designation)
State of Indiana County of HENDRICKS Signed Subscribed and sworm to before me this County of HENDRICKS Signed Subscribed and sworm to before me this HENDRICKS State of Indiana County of HENDRICKS Signed Subscribed and sworm to before me this HENDRICKS Signed Signed Signed Signed HENDRICKS Signed Signed Mother Subscribed and sworn to before me this day of HENDRICKS Signed Mother Subscribed and sworn to before me this day of HENDRICKS Signed Signed Mother Subscribed and sworn to before me this day of HENDRICKS Subscribed and subscribed and subscribed and subscribed and subscribed and s	State of Indiana County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed
State of Indiana County of HENDRICKS   Ss: Iswear/affirm that the information given in this application is true and correct.  Signed Corgo Subscribed and sworn to before me this day of September   19.90    CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   Ss:  Signed Father Signed Mother  Signed Mother  County of Lord HENDRICKS   Ss:  County of RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  I certify that there was filed in my office a marriage license issued by the dated 9-14-90 , authorizing the marriage of DENISE L. ELSBURY  If urther certify that the following marriage certificate was filed in my office in this application is true and correct.  In (state), and DENISE L. ELSBURY  IN (state) were married by me as authorized to court of HENDRICKS County, Indiana, dated 10-1  Signed by: /s/A. W. FARNSWORTH IV , CLERCY	State of Indiana County of HENDRICKS   Ss:   I swear/affirm that the information given in this application is true and correct.  Signed   Merical Lance Clabury   New Address   Subscribed and sworn to before me this   day of   Sect   1940   CONSENT OF PARENTS, PARENT, OR GUARDIAN   We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary   State of Indiana   HENDRICKS   Ss:   Signed   Signed   Father   Signed   Mother   Subscribed and sworn to before me this   day of   19   Clerk   A marriage license having been refused to the above named parties, the   Court, by written order issued   issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE   Clerk of the Circuit Court of   HENDRICKS   County, Indiana,   GEORGE G. ELLIOTT   and   Iffice:   on   9-30-90   (date), at   DANVILLE   in   HENDRICKS   County,   under a marriage license that was issued by the Clerk of the Circuit   9-90   (official designation)

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

9-14-90 Date of Application

246

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. Female Medical Examination or Report Dated Jonald O. Knacks Name of Physician

No.

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Clast	Name A First Middle Sept
Date of Birth	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street gr.R.R. City County State
Same 7	327 W. Bredway Bernle
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married D OR OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate  Cother (Specify)   C. Lio.	Date of birth verified by:   Birth Certificate to 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	Are you now or have you ever been adjudged to be of unsound mind? No      Yes □     If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No is Yes	2. Are you related to the male applicant closer than second cousin? No M Yes
3. Are you now under the influence of an alcoholic beverage? No ₺ Yes □	3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □
4. Are you now under the influence of a narcotic drug? No 🕒 Yes 🗆	4. Are you now under the influence of a narcotic drug? No 💢 Yes 🗆
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother
Residence of mother (if deceased, so state)	of dependent children  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7. (a) Full name of applicant's O
tather Anna Jac Elmore	father Dadley Seal
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's the state of the state o
mother Diane Adell Williamsh	mother Have be applicant of higher gran don'ten
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant & Dorgan DE Date 21490	Signature of Applicant Date 9-14-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS  ss:   swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct
()-02-	occurs of
Signed A Japan L' (Class	Signed Signed D. Sed
New Address Subscribed and sworn to before me this 4 day of 9 19.90	New Address
Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this H day of 1990  Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARÈNT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	SignedFather
Subscribed and sworn to before me this day of 19	Signed Mother Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana.
dated 9-14-90 , authorizing the marriage of	and
APRIL D. SEAL	
I further certify that the following marriage certificate was filed in my or	ffice:
I, GERALD M. BURNETT (name), certify that	
MADISON County, Indiana, DOUGLAS D. ELMORE	of HENDRICKS County,
IN (state), and APRIL D. SEAL	of MADISON County,
IN (state) were 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-	
Signed by: /s/ GERALD M. BURNETT MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	4
	Signed Muse Jawan Clerk
AFML/PD1	HENDRICKS Circuit Court
	Circuit Court

AFML/PD 1

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

9-W-90

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
ame First Middle Kast	Name Anta Marie Lewis
ate of Birth Day Years	Date of Birth Month Day 73 Year
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address , Street or R.R. City County State	Residence Address Street or R.R. City County State
8290 t. 300 D. Drawburg	Previous Marital Status: Never Married OR
revious Marital Status: Never Married OR	
ast Marriage Ended By: Death Divorce Annulment D	Last Marriage Erided by.
ate of birth verified by: Spirth Certificate Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
. Are you now or have you ever been adjudged to be of unsound mind? No the Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐  No ★ Yes ☐
. Are you related to the female applicant closer than second cousin? No 14. Yes 🗆	2. Are you related to the male applicant closer than 3000 the
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of a parentic drug?
Are you now under the influence of a narcotic drug?	Are you now under the influence of a harcotte drug!      List the full names of any dependent children.
List the full names of any dependent children	
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)	(b) Full maiden name of mother
(b) Full maiden name of mother of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's
7. (a) Full name of applicant's Frederick S. Kasey	father brevala her heard
Residence of father (if deceased, so state) Blowng and	Residence of father (if deceased, so state) Bluzz did.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Dois & Sighart	(b) Full maiden name of applicant's Rossley Les alia Mahl
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
A COVAIGNOUS EDGMENT	ACKNOWLEDGMENT
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Knaiz Kassey Date 10-4-90	Signature of Applicant School Date Sept //y
	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana  County of HENDRICKS  ) ss: I swear/affirm that the information given in this application is true and correct.
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	County of
Signed Kraig Kessy	Signed Smita Leurs
Now Address 33H HEATHER KIDE DC. 71-102	New Address
Subscribed and sworn to before me this 44 day of 1990	Subscribed and swore to before me this 4 day of 9 19 19 Clerk of the HENDRICKS Circuit Cour
The Annual Clerk of the HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ss:
County or	County of)
Signed Father Signed Mother	Signed Fath
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Subscribed and sworn to before the this Clerk	Cle <sup>(</sup>
THE WARRIAGE LIGHTER BY ORDER OF COURT	. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	e issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by th	ne Clerk of the Circuit Court of HENDRICKS County, Indiana
0 111 00	그 그 그래도 그 사람이 많아 내려가 그 그 있다. 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
dated, authorizing the marriage of	KRAIG SPARRELL KASEY and
ANITA M. LEWIS	
I further certify that the following marriage certificate was filed in my	
I, CONNIE TATE (name), certify that	at on (date), at in in in in in
HENDRICKS County, Indiana, KRAIG S. KASEY	of HENDRICKS County
IN (state), and ANITA M. LEWIS	of HENDRICKS County
	ed under a marriage license that was issued by the Clerk of the Circu
Court of HENDRICKS County, Indiana, dated 9	
AS CONNIE TATE 1ST DEF	PTY CLERK (official designation)
Signed by:	9-21-90
Filed and recorded in accordance with the laws of the State of Indiana	
	Signed Muse Rawson Cler

### 456

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

IC 31-7-9-1. Furnishing false information upon applying for license.

A person who knowingly furnishes false information to a clerk of the

/s/ CONNIE TATE

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

Signed by: \_

AFML/PD 1

#### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

Female

County

Medical Examination or Report Dated circuit court when the person applies for a marriage license under IC Name of Physician Jarehal good E 31-7-3 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT First Middle First Date of Birth Date of Birth Year Place of Birth (State or foreign country) Place of Birth (State or foreign country) Sago to Street or R.R. B County Residence Address County State Residence Address Street or R.R. Previous Marital Status: Never Married Previous Marital Status: Never Married Last Marriage Ended By: Death □ Divorce □ Annulment □ Death ☐ Divorce ☐ Annulment ☐ Date of birth verified by: Birth Certificate Other (Specify) \_ Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No The Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No 🗆 Yes 🗆 If answer is "yes," has the adjudication been removed? No 🗆 Yes No 15 Yes [ Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes No. Yes 🗆 Are you now under the influence of a narcotic drug? No DA Yes Are you now under the influence of a narcotic drug? No R Yes 🗆 List the full names of any dependent children.\_ List the full names of any dependent children. (a) Full name of father (a) Full name of father of dependent children of dependent children Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of mother of dependent children of dependent children Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) . Birthplace of mother (State or foreign country) (a) Full name of applicant's Residence of father (if deceased, so state) \_ Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) \_ (b) Full maiden name of app Sept 4, 1990 Residence of mother (if Birthplace of mother (St nee the undersigned porents of I acknowledge that I have receive that are sexually transmitted, and anita Lewis age 17 on this date do here by growt her permission to many immune deficiency syndrome). Signature of Applicant The above applicant has objected acknowledgment because of relig Clerk of Court raig Kasey, a 20 year old adult. State of Indiana HENDRICKS County of New Address 3 Subscribed and sworn to before r Derall Lewis Rosslyn C. Lewis Rosslyn C. LEWIS bull sind GERALL LEWIS CONSENT OF PARENTS, PAREN We, the parents of this applicant, state facts which make the conse State of Indiana HENDRICK Signed Subscribed and sworn to before 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\_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_\_ County, Indiana, 9-14-90 authorizing the marriage of KRAIG SPARRELL KASEY ANITA M. LEWIS I further certify that the following marriage certificate was filed in my office: 9-21-90 \_\_ (name), certify that on \_ (date), at \_ \_ County, Indiana, \_ KRAIG S. KASEY \_ (state), and \_\_\_\_\_ANITA M. LEWIS HENDRICKS County, (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit HENDRICKS Court of \_ County, Indiana, dated 9-21-90

1ST DEPTY CLERK

Signed

(official designation)

(date).

HENDRICKS

Circuit Court

9-21-90

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

No. 548

File Q-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

Name of Physician

Muchael Fully

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name C First Middle Last	Name W First Middle P Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
TN.	TO
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married 🖾 OR	Previous Marital Status: Never Married 🔂 OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: A Birth Certificate Other (Specify)	Date of birth verified by: Sighth Certificate Other (Specify)
Substitution of the substi	The state of the s
1. Are you now or have you ever been adjudged to be of unsound mind? No 💢 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?  No □ Yes □	If answer is "yes," has the adjudication been removed?  No Yes
2. Are you related to the female applicant closer than second cousin? No Q Yes   Are you never a death a influence of an electric bourses?	Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   Yes   Yes
<ul> <li>3. Are you now under the influence of an alcoholic beverage?</li> <li>4. Are you now under the influence of a narcotic drug?</li> <li>No ☼ Yes □</li> </ul>	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6 (a) Full page of father	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7. (a) Full name of applicant's
father Michael J. Jule	tather habe & Bright
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's
mother Sharlene a. The Series	mother Panels J. Uhre
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Dichard & Luke 12 Date 9-18-90	Signature of Applicant House Signature of App
ognation of Applicant	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed & Michael & Luke fr.	Signed Meather 3. Brook at 1502
New Address	New Address 513 Broken Jour & In Judges
Subscribed and sworn to before me this 18 day of 5,000 1990	Subscribed and sworn to before me this \\ \ \ day of \sum_{age 1} 19 90
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss: By Power of Other
Signed Father	Signed Killerin B. Brack Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 19_90
Clerk	Come Lawren Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
A 10 AA	
dated 9-75-90, authorizing the marriage of	MICHAEL J. LUKE JR. and
HEATHER S. BROCK	
I further certify that the following marriage certificate was filed in my of	ffice:
	on 9-19-90 (date), at DANVILLE in
HENDRICKS County, Indiana, MICHAEL J. LUK	
IN (state), and HEATHER S. BROCK	of HENDRICKS County,
(state), and	
HENDRICKS	under a marriage license that was issued by the Clerk of the Circuit
Court of County, Indiana, dated 9-1	9-90
Signed by: _/s/ BUFORD BROCK , MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-21-90 (date).
	1 . 2 .
	Signed Clerk

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS \_ County

No.	249
File	
	9-18-90
	Date of Application

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Manfordwill

MALE APPLICANT	FEMALE APPLICANT
Name April First Middle Kinding	Name Maudin First Vingigale Millastru
Date of Birth Ques Month 20 Day 1966 Gear	Date of Birth / Month Day / Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Lyalana	Sparana
Residence Address Street or R.R. City County State	Residence Address Street or R.B. H. City Opinty distance States, Jun
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Dina Viene	Disa diama
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗆
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 🗸 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No 🕡 Yes 🗆
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □	3. Are you now under the influence of an alcoholic beverage? Nou ✓ Yes □
4. Are you now under the influence of a narcotic drug? No ☑ Yes □	4. Are you now under the influence of a narcotic drug? No ✓ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicants aved musly kingon	7. (a) Full name of applicant's Ulliam havid Jilmon
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's fife Flain Brown	(b) Full maiden name of applicants
Residence of mother (if deceased so state) Andiana	mother water
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Britiplace of mother (state of foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant Chrus Lee Kenyon Date 9-18-90	Signature of Applicant Claudia Phiological 9-18-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana  County of HENDRICKS  ) ss: I swear/affirm that the information given in this application is true and correct	State of Indiana ) I swear/affirm that the information given
odany or	County of HENDRICKS ) ss: in this application is true and correct.
New Address 3255 Valley Farms, Place	Signed Claudia Dicole Gilmore
New Address 3255 Valley Farms, Place	New Address 3255 Yalley Darris Place
Subscribed and sworn to before me this 19 day of 4 19 90	Subscribed and sworn to before me this day of
Conne Hourson Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	
County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of, 19	Signed Mother  Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
County	Court, by written order issued
and filed in, authorizes and directs the i	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	WEST DESIGNATION OF THE PARTY O
dated, authorizing the marriage of	CHRIS LEE KENYON and
CLAUDIA NICHOLE GILLMORE	
I further certify that the following marriage certificate was filed in my of	fice:
I,JOHN EDWARD NOEL (name), certify that of	CUDICETAN
MARION County, Indiana, CHRIS LEE KENYON	MARTON
	_ ci county,
	ILLMORE of HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 9-	29-90
Signed by:/s/ JOHN EDWARD NOEL, MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	10-2-90
	(date).
	Signed lance James Clerk
AFML/PD1	HENDRICKS Circuit Court

\_Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

No.	550
File	
100	9-18-90 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 Name of Physician Brown begg med Ulini

MALE APPLICANT	FEMALE APPLICANT
Name Markirst & Middle Michael	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Bailton All
- Dre-	Hesidence Address Street of R.R. City County State
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married  OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes	Are you now or have you ever been adjudged to be of unsound mind? No      Yes □
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No 🗘 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No ☑ Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No √2 Yes □
4. Are you now under the influence of a narcotic drug?  No ☐ Yes ☐  5. List the full names of any dependent children. ☐ Charles  No ☐ Yes ☐  No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug?  No □ Yes □  5. List the full names of any dependent children.
teales	
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7 (a) Full name of applicant's
Residence of father (if deceased, so state)	tather thanks the Abadox
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's
mother Magnet Flancos Chy	mother — Jan Ohn Ollan
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	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 9-18-90	Signature of Applicant James Varner Date 9-18-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ss: I swear/affirm that the information given in this application is true and correct
	The application is the art of the control.
Signed Part & mily	Signed Daura Chroner 9-18-90
New Address  Subscribed and sworn to before me this 18 day of 5 and 1990	New Address
Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	SignedFather
Subscribed and sworn to before me this day of 19	Signed Mother Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties the
County	Court by written order issued
and filed in, authorizes and directs the is	
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the (	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 9-18-90 , authorizing the marriage of	
LAURA L. VARNER	MARK E. MICHAEL and
THE RESIDENCE OF THE PARTY OF T	
I further certify that the following marriage certificate was filed in my of	
	on 9-18-90 (date), at DANVILLE in
HENDRICKS County, Indiana, MARK E. MICHAE	
IN (state), and LAURA L. VARNER	of HENDRICKS 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 9-	
Signed by: _/s/ CYNTHIA J. SPENCE IST DEPUTY	CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on .	9-18-90
	(date).
S. C.	Signed
AFML/PD 1	HENDRICKS Circuit Court

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_\_ County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Jeffier Middle Rollings	Name Service Middle Canter
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. Gity County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married  OR	Previous Marital Status: Never Married M. OR
Last Marriage Ended By: Death □ Divorce ☒ Annulment □	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate Cother (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes
If answer is "yes," has the adjudication been removed?  No □ Yes □  Are you related to the female applicant closer than second cousin?  No □ Yes □	If answer is "yes," has the adjudication been removed?  No □ Yes □  2. Are you related to the male applicant closer than second cousin?  No ☑ Yes □
3. Are you now under the influence of an alcoholic beverage? No S Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ☼ Yes □	4. Are you now under the influence of a narcotic drug? No 💢 Yes □
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of mother	Birthplace of father (State or foreign country)(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's	7. (a) Full name of applicant's
tather letty (Grade Rallings)	tather Westerd have laster
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) St. Finally II.
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's
mother Janua Ras Kirk	mother Clipbett Jana Brown
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Many all
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant & Juffuy a. Rolling Date 9-19-90	immune deficiency syndrome).
	Signature of Applicant & Denise L. Canter Date 9-19-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ) ss: in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
Signed & Juffrey a. Rolling	signed & Denise & Canter
New Address	New Address
Subscribed and sworn to before me this 19 day of 19 10  Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 19 day of Set 1990
CONSENT OF PARENTS, PARENT, OR GUARDIAN	Clerk of the HENDRICKS Circuit Court
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENT'S, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
Chate of Indiana	
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	marriage license having been refused to the above named parties, the
and filed in authorizes and directs the i	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	
	Clark the Circle Co. L. C. HENDDICKS
I certify that there was filed in my office a marriage license issued by the (	
dated 9-19-90, authorizing the marriage of	JEFFREY A. ROLLINGS and
DENISE L. CANTER	
I further certify that the following marriage certificate was filed in my of	
I, RONALD E. GREEN (name), certify that of	
HANCOCK County, Indiana, JEFFREY A. ROLLI	- County,
in (state), and DENISE L. CANTER	of MARION County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 10-	
Signed by: /s/ RONALD E. GREEN PASTOR	
	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	(official designation)  10-10-90 (date).
Filed and recorded in accordance with the laws of the State of Indiana on	(official designation)

### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Day Madral

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name O First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
10 25 58	- 3 3 6
Place of Birth (State or foreign country)	Place of Birth (State or foreign country
Residence Address Street or R.R. City County State	Residence Address Street or R.R. B. City County State
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married OR OR
Last Marriage Ended By: Death □ Divorce ☑ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by:   Birth Certificate Other (Specify)
Date of Dirth verified by:	Date of birth verified by. If birth certaincate (potter (specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗆
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes   Yes   Yes
<ol> <li>Are you related to the female applicant closer than second cousin?</li> <li>Are you now under the influence of an alcoholic beverage?</li> <li>No  Yes  Yes </li> </ol>	2. Are you related to the male applicant closer than second cousin? No □ Yes □ 3. Are you now under the influence of an alcoholic beverage? No □ Yes □
4. Are you now under the influence of an arcotic drug?	4. Are you now under the influence of a narcotic drug? No   ✓ Yes □
5. List the full names of any dependent children. Brugo. Tuhu	List the full names of any dependent children.
6. (a) Full name of father of dependent children	(a) Full name of father     of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7. (a) Full name of applicant's
tather feel crow the off.	tather Kangnery to statles
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother tatages the offlag	mother gan Inn Whamland
Residence of mother (if deceased, so state) 100 may old	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding 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 9-19-80	
Signature of Applicant Date 7-19-50	Signature of Applicant Dat Louis Julie Date 9-19-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.  Clerk of Court
State of Indiana County of HENDRICKS  Ss:   swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.
Signed X Malk	Signed Parbala Juller
New Address	New Address
Subscribed and sworn to before me this 19 day of Sept. 1990	Subscribed and sworn to before me this 19 day of Sept. 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ss:	State of Indiana HENDRICKS ss:
County of HENDRICKS	County of
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	
38 A 3 JULY 20 CO CO CONTROL O SE A SECULO DE CONTROL DE CONTROL DE CONTROL DE CONTROL DE CONTROL DE CONTROL D	county, indiana,
dated 9-19.90, authorizing the marriage of	NEAL E. KUHN and
BARBARA JEAN FULLER	
I further certify that the following marriage certificate was filed in my o	office:
I, DONALD ERRARD (name), certify that	on 9-22-90 (date), at INDIANAPOLIS in
	of County,
	of HENDRICKS County,
	d under a marriage license that was issued by the Clerk of the Circui
Court of HENDRICKS County, Indiana, dated 9	
	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana of	n 9-25-90 (date).
	Signed Clerk
AFMI/PD )	HENDRICKS Circuit Court
AFML/PD 1	Circuit Court

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No.	553
File	
	9-20-90
	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 9-12-90 Medical Examination or Report Dated

Name of Physician

Ox - Namell Name of Physician \_\_\_\_

MALE APPLICANT	FEMALE APPLICANT	
Name MFirst Middle Last	Name Y First Middle Hast Ison	
Date of Birth Quea. 12ay 1967	Date of Birth Onth Day Year 9	
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)	
Residence Address Street or B.R., Cify County State	Residence Address Street or R.A. Cify County State	
Typon. Onhean	- Stylin Interior	
Previous Marital Status: Never Married OR	Previous Marifal Status: Never Married XO OR	
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death Divorce Annulment	
Date of birth verified by: □ Birth Certificate □ Other (Specify)	Date of birth verified by: X Birth Certificate   Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind? No 🛣 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes	
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?	
3. Are you now under the influence of an alcoholic beverage? No.★ Yes □	3. Are you now under the influence of an alcoholic beverage?  No   Yes □  4. Are you now under the influence of a narcotic drug?  No   Yes □	
4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children	List the full names of any dependent children.	
6. (a) Full name of father	6. (a) Full name of father of dependent children	
of dependent children	Residence of father (if deceased, so state)	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
(b) Full maiden name of mother	(b) Full maiden name of mother	
of dependent children	of dependent children	
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
7. (a) Full name of appropant's be Patrick Link	7. (a) Full name of applicant's British Helson	
Residence of father (if deceased, so state)  Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Pettsbaro An	
Birthplace of father (State or foreign country)  W. Wirgunia	Birthplace of father (State or foreign country) Canvilla Ond	
(b) Full maiden name of apphibant's - 6. Sur All	(b) Full maiden name of applicant's Managery 194	
mother Mickey Rynghinson	mother and Distriction	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
Distributed of motifer (State of Foreign Country)	Billiplace of motifer (State of Totalgir Country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
Signature of Applicant Mike Sester Date 9-20-90	immune deficiency syndrome).  Signature of Applicant Acues Well Scar Date 9-20-90	
Signature of Applicant Tropic State Date		
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court Date	Clerk of Court Date	
State of Indiana  HENDRICKS  SS:	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	
County of	County of	
× signed Mile Lester	× signed Karen Welson	
New Address  Subscribed and sworn to before me this 20 day of Sept 1990	New Address PO POX 2002 Liggion, on 416149	
Subscribed and sworn to before me this all day of HENDRICKS Circuit Court	Subscribed and sworn to before me this O day of Sept 1990  HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary	
State of Indiana County of HENDRICKS  ss:	State of Indiana HENDRICKS ) ss:	
Signed Father	Signed Father	
Signed Mother	Signed Mother	
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19	
Clerk	Clerk	
	A marriage license having been refused to the above named parties, the	
and filed in authorizes and directs the		
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE	
	HENDRICKS	
I certify that there was filed in my office a marriage license issued by the	County, Indiana,	
dated 9-21-90, authorizing the marriage of M	AICHAEL D. LESTER and	
KAREN JEAN WILSON		
I further certify that the following marriage certificate was filed in my o	office:	
I, OLLIE J. TROUT (name), certify that on 9-29-90 (date), at NORTH SALEM in		
HENDRICKS County, Indiana, MICHAEL D. LESTER of HENDRICKS County		
(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum		
Court of HENDRICKS County, Indiana, dated 9-29-90		
Signed by:/s/ OLLIE J. TROUT, PASTOR (official designation)		
	10-1-90	
Filed and recorded in accordance with the laws of the State of Indiana or	(date).	
	Signed	
AFML/PD1	HENDRICKS Circuit Court	

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No	-
File	
9-21-90 Date of Application	1 13

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

A Caputa

MALE APPLICANT FEMALE APPLICANT		
Name ( Signature First   Middle   Anagania	Name Season First La Middle Manyast	
Date of Birth Month O Day Wear	Date of Birth What Month Day Car Year	
Place of Birth (State or foreign country) Quedinion	Place of Birth (State or foreign country) ( policing)	
Residence Address Street or R.B.C. City County Padison Cu	Residence Address Street or 849   City / County State	
	315 91+ resucces of serges, Hereusels, On	
Previous Marital Status: Never Married OR OR	Previous Marital Status: Never Married V OR	
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment	
Date of birth verified by:   Birth Certificate  Other (Specify)	Date of birth verified by:   Birth Certificate Tother (Specify)  NUCLO SUCCESS  BIRTH CERTIFICATE  Description of the content	
1. Are you now or have you ever been adjudged to be of unsound mind? Now Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Ves	
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	
2. Are you related to the female applicant closer than second cousin? No 🗹 Yes 🗆	2. Are you related to the male applicant closer than second cousin? Not Yes	
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?	
4. Are you now under the influence of a narcotic drug? No 🗹 Yes 🗆	4. Are you now under the influence of a narcotic drug?  No 2 Yes   5. List the full names of any dependent children.	
5. List the full names of any dependent children.	o. Estate an manage of any opportunition.	
6. (a) Full name of father	6. (a) Full name of father	
of dependent children	of dependent children	
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	
(b) Full maiden name of mother	(b) Full maiden name of mother	
of dependent children	of dependent children	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)	
7. (a) Full name of applicant's Assets a Usua Assets as	7. (a) Full name of applicant's 7	
father	father	
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
(b) Full maiden name of applicants una facaboan	(b) Full maiden name of applicants Locuse Linning	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases	
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicanty from Jordens Date 9/21/90	Signature of Applicant Sugar to Make Date 9/21/90	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.	
Clerk of Court Date	Clerk of Court Date	
State of Indiana County of HENDRICKS State of Indiana Liswear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	
signed planes	Signed Leave K. Shafer	
New Address 107 Murray Guard Sr B-14 Subscribed and sworp to before me this 25 day of 1990	New Address SAME Subscribed and sworn to before me this A day of Mat 1990	
Connu Lausou Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN		
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary	
Chate of Indiana		
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:	
Signed Father	SignedFather	
Signed Mother	Signed Mother	
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of	
Clerk	Clerk	
	A marriage license having been refused to the above named parties, the	
and filed in, authorizes and directs the	Court, by written order issuedissuance of a marriage license to the above named parties	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana,		
dated 9-21-90 , authorizing the marriage of JAUN DAVID FONTANES and		
SUSAN KAY SHAFER  I further certify that the following marriage certificate was filed in my o	ffice	
I further certify that the following marriage certificate was filed in my office:		
I, H. THOMAS PITCHER (name), certify that on 9-22-90 (date), at AVON in		
HENDRICKS County, Indiana, JAUN DAVID FONTANES of MARION County, IN (state) and SUSAN KAY SHAFER of HENDRICKS County		
	County,	
total was issued by the as authorized under a marriage needs that was issued by the clerk of the circumstances.		
Court of County, Indiana, dated	9-25-90	
Signed by: _/s/ H. THOMAS PITCHER , MINISTER (official designation)		
Filed and recorded in accordance with the laws of the State of Indiana on 9-25-90 (date).		
	Signed Chrie Janson Clerk	
	HENDRICKS CONTROL	

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No.	555	
File		
	9-21-90 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.

MALE APPLICANT	FEMALE APPLICANT
Name Stephen Middle. Stair	Name Margaret Middle Dest Rosa
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
2104 Woodlind Trail Columbus Ofice	ag Nagway Nr. Knownoung Sh
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married B OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by:   Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No. Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No.	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐  4. Are you now under the influence of a narcotic drug? Yes ☐
4. Are you now under the influence of a narcotic drug?  Note Yes □  S. List the full names of any dependent children.	5. List the full names of any dependent children
5. Elst the full halles of any deportuon children.	
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's	7. (a) Full name of applicant's
father Joseph Ja Stair	father D. Faul Ol Fasa
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's roley facine farmer	(b) Full maiden name of applicant's argorie and Bokie
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome):
Signature of Applicant Sleph 12 Date 9-21-70	Signature of Applicant Arogeret an Debisonte 9-21-96
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS SS: I swear/affirm that the information given in this application is true and correct.	State of Indiana   I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
A GO	oodiny of
Signed & Steph Vn Str	Margaret Clan De Rosice
Signed Steph Vn Ster New Address 2704 Woodlands Toxil Colombus OF	Margaret Clan De Rosice
Signed & Steph Vn Str	signed X Margaret ann DeRosa
Signed Signed Voluments Start Colombus Of New Address 2704 Woodlands Toxil Colombus Of Subscribed and sworn to before me this 21 day of Sept 1990 43231	Signed X Margaret Own Release  New Address 5704 Woodland Stail Columbus, This  Substitute of the HENDRICKS Circuit Court
Signed Signed Start Start Signed Signed Signed Signed Signed Start Subscribed and sworn to before me this 21 day of Sept 1990 43-331  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	Signed X Margaret Oun Pleuson New Address 2704) Wordland Stail Columbus, This Substituted and sworn to before this 21 day of Sept 1990 43231
Signed Steph Vo Str.  New Address 2704 Woodlands Tozi/ Colombus OF  Subscribed and sworn to before me this 21 day of Sept 1990 43-331  Owner Devor Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN	Signed X Margaret Oun Release  New Address 7104 Wordland Stail Columbus, Ship  Subscribed and sworn to before me this 21 day of Sept., 19.90 43231  CONSENT OF PARENTS, PARENT, OR GUARDIAN
Signed Signed Stands Tozi/ Colombus Of New Address 2704 Wood/ands Tozi/ Colombus Of Subscribed and sworn to before me this 21 day of Lept 1990 43-33/ Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	Signed X Margaret Our Policy of New Address 2104 Wordland Stail Columbus, This Subscribed and sworn to before me this 21 day of Sept. 1990 43931  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
Signed Signed Start Start Signed Signed Signed Signed Signed Start Subscribed and sworn to before me this 21 day of Sept 1990 43-331  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	Signed X Margaret Our Policy of New Address Subscribed and sworn to before me this 21 day of Sept., 19 90 43031  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
Signed Signed State of Indiana HENDRICKS Signed Sig	Signed X Margaret Our Policy of New Address 2104 Wordland Stail Columbus, This Subscribed and sworn to before me this 21 day of Sept. 1990 43931  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS
Signed Signed State of Indiana County of HENDRICKS Signed Signed Signed Signed Signed Signed Mother Signed	Signed Margaret Our Plant Court Ship New Address Mondand Stail Columbus, This Subscribed and sworn to before me this 21 day of Sept. 19.90 43.331  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  SS:
Signed Signed State of Indiana HENDRICKS   Signed Subscribed and sworn to before me this 21 day of Signed Signed Signed Signed Signed Signed Subscribed and sworn to before me this day of 1990 House Of Clerk of the HENDRICKS Circuit Court Consent of the parents of this marriage. If only one parent signs, state of Indiana HENDRICKS   Signed Father Signed Mother Subscribed and sworn to before me this day of 1990 House Of Subscribed and sworn to before me this day of 1990 House Of Subscribed and sworn to before me this day of 1990 House Of Subscribed and sworn to before me this day of 1990 House Of Subscribed and sworn to before me this day of 1990 House Of Subscribed and sworn to before me this 1990 House Of Subscribed and sworn to before me this 1990 House Of Subscribed and sworn to before me this 1990 House Of Subscribed and sworn to before me this 1990 House Of Subscribed and sworn to before me this 1990 House Of Subscribed and sworn to before me this 1990 House Of Subscribed and	Signed Margaret Our Plant Court Shows  New Address Mondand State Court Court  Subscribed and sworn to before me this Mondand State Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19
Signed Signed State of Indiana HENDRICKS   Signed Subscribed and sworn to before me this 21 day of Signed Signed Signed Signed Signed Signed Signed Signed Subscribed and sworn to before me this day of Signed Signed Signed Signed Signed Signed Subscribed and sworn to before me this day of Signed	Signed A Margaret Our Parkosa New Address Mondard Sail ("durabus", "Ship Substituted and sworn to before the this 21" day of 19.80 43331  Consent of Parents, Parent, Or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana Hendricks County of Father Signed Mother Subscribed and sworn to before me this day of 19  Clerk
Signed Signed State of Indiana HENDRICKS   ss:  Signed HENDRICKS   Signed Father Signed Mother Subscribed and sworn to before me this day of Signed Complete Signed Mother Subscribed and sworn to before me this day of 19.  Signed HENDRICKS   Signed Father Signed Mother Subscribed and sworn to before me this day of 19.  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Signed Analyte Our Parents of this 21 day of 1990 43331  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the
Signed Signed State of Indiana HENDRICKS   Signed S	Signed A Margaret Our Parkosa New Address Mondard Sail ("durabus", "Ship Substituted and sworn to before the this 21" day of 19.80 43331  Consent of Parents, Parent, Or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana Hendricks County of Father Signed Mother Subscribed and sworn to before me this day of 19  Clerk
Signed State of Indiana County of HENDRICKS   Signed Signed Signed State of Indiana Signed Si	Signed X Margaret Our Defors Subscribed and sworn to before me this 21 day of Sept 1920 43331  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the court, by written order issued issuance of a marriage license to the above named parties.
Signed Signed Subscribed and sworn to before me this 21 day of Sept 1990 43-31  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   Ss:  Signed   Father Signed   Mother  Subscribed and sworn to before me this   day of   19   Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in   authorizes and directs the	Signed A Maranet Our Reference to the New Address Addr
Signed Signed Subscribed and sworn to before me this 2 day of Sept 1990 4393/  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the	Signed X Margaret Ourn Calcuston Show  New Address Margaret Ourn Calcuston Show  Subscribed and sworn to before me this Mentand State County of Mother Subscribed and sworn to before me this Mentand State of Indiana Mentand
Signed Signed Subscribed and sworn to before me this 21 day of Sept 1990 43-31  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   Ss:  Signed   Father Signed   Mother  Subscribed and sworn to before me this   day of   19   Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in   authorizes and directs the	Signed X Margaret Ourn Calcuston Show  New Address Margaret Ourn Calcuston Show  Subscribed and sworn to before me this Mentand State County of Mother Subscribed and sworn to before me this Mentand State of Indiana Mentand
Signed Signed Subscribed and sworn to before me this 2 day of Sept 1990 4393/  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the	Signed X Margaret Ourn Calcuston Show  New Address Margaret Ourn Calcuston Show  Subscribed and sworn to before me this Mentand State County of Mother Subscribed and sworn to before me this Mentand State of Indiana Mentand
Signed Signed Subscribed and sworn to before me this 21 day of Subscribed and sworn to before me this 21 day of Subscribed and sworn to before me this 21 day of Subscribed and sworn to before me this 22 day of Subscribed and sworn to before me this 32 day of Subscribed and sworn to before me this state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in authorizes and directs the RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated 9-21-90 authorizing the marriage of	Signed X Maranet Oun Debose  New Address
Signed Subscribed and sworn to before me this 21 day of Sept 1990 43-331  Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in authorizes and directs the RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated 9-21-90 , authorizing the marriage of MARGARET ANN DeROSA  I further certify that the following marriage certificate was filed in my of the subscribed in my of the subscribe	Signed X Maranet Oun Debose  New Address
Signed Subscribed and sworn to before me this 21 day of Sept 1990 43-331  Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in authorizes and directs the RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated 9-21-90 , authorizing the marriage of MARGARET ANN DeROSA  I further certify that the following marriage certificate was filed in my of the subscribed in my of the subscribe	Signed X Danabatt Oun Okkoso New Address You Wordland State Columbus, Ship Subscribed and sworn to before me this Y day of Sept. 19.90 43931  CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, STEPHEN V. STAIR and  And STEPHEN V. STAIR and
Signed Subscribed and sworn to before me this 21 day of 1970 43031  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filled in authorizes and directs the RETURN OF MARRIAGE LICENS  I certify that there was filled in my office a marriage license issued by the dated 9-21-90 authorizing the marriage of MARGARET ANN DEROSA  I further certify that the following marriage certificate was filled in my of I, ROBERT J. GILDAY (name), certify that	Signed X Danabatt Oun Okkoso New Address XI day of Sept. 19 90 43031  CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, STEPHEN V. STAIR and  And STEPHEN V. STAIR and  INDIANAPOLIS in
Signed Subscribed and sworn to before me this 21 day of Subscribed and sworn to before me this 22 day of Subscribed and sworn to before me this 22 day of Subscribed and sworn to before me this 22 day of Subscribed and sworn to before me this 23 day of Subscribed and sworn to before me this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this Accounty and filed in Subscribed and sworn to before me this Subscribed BY ORDER OF COURT. County and filed in Subscribed in My office a marriage license issued by the dated 9-21-90 , authorizing the marriage of MARGARET ANN DEROSA  If further certify that the following marriage certificate was filed in my of I, ROBERT J. GILDAY (name), certify that MARION County, Indiana, STEPHEN V. STOH MARGARET ANN DEROSA	Signed Analyte Our October Signed Analyte Our October Signed Analyte October Signed Analyte October Signed Analyte October Signed Analyte October Octo
Signed Subscribed and sworn to before me this 21 day of Subscribed and sworn to before me this 22 day of Subscribed and sworn to before me this 22 day of Subscribed and sworn to before me this 22 day of Subscribed and sworn to before me this 23 day of Subscribed and sworn to before me this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this Accounty and filed in Subscribed and sworn to before me this Subscribed BY ORDER OF COURT. County and filed in Subscribed in My office a marriage license issued by the dated 9-21-90 , authorizing the marriage of MARGARET ANN DEROSA  If further certify that the following marriage certificate was filed in my of I, ROBERT J. GILDAY (name), certify that MARION County, Indiana, STEPHEN V. STOH MARGARET ANN DEROSA	Signed Analyte Our October Signed Analyte Our October Signed Analyte October Signed Analyte October Signed Analyte October Signed Analyte October Octo
Signed State of Indiana HENDRICKS  Subscribed and sworn to before me this 21 day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in authorizes and directs the RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated 9-21-90 , authorizing the marriage of MARGARET ANN DEROSA  I further certify that the following marriage certificate was filed in my of I, ROBERT J. GILDAY (name), certify that MARION County, Indiana, STEPHEN V. STOH (state), and MARGARET ANN DEROSA  IN (state) were married by me as authorized Court of HENDRICKS County, Indiana, dated	Signed Amanust Oun Ground Jacob County, Indiana, STEPHEN V. STAIR  Signed Amanust Oun Ground Jacob County, Under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty, under a marriage license that was issued by the Clerk of the Circuit Ounty ounty ounty of the Circuit Ounty
Signed Address 2704 Woodlands Texi Colombus Off Subscribed and sworn to before me this 21 day of Left 19.90 43.23/1 Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of Signed Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County authorizes and directs the RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated 9-21-90 authorizing the marriage of MARGARET ANN DEROSA  I further certify that the following marriage certificate was filed in my of I, ROBERT J. GILDAY (name), certify that MARION County, Indiana, STEPHEN V. STOH (state), and MARGARET ANN DEROSA  IN (state) were married by me as authorized Court of HENDRICKS County, Indiana, dated Signed by: /s/ROBERT J. GILDAY CATHOLICE  Signed by: /s/ROBERT J. GILDAY CATHOLICE  CATHOLICE  Signed by: /s/ROBERT J. GILDAY CATHOLICE  CATHOLICE  CONTROL 19.90 County, Indiana, dated Signed by: /s/ROBERT J. GILDAY CATHOLICE	Signed Signed Subscribed and sworn to before this 2/ day of Subscribed and sworn to before this 2/ day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS County of Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, STEPHEN V. STAIR and  of FRANKLIN County, Indiana
Signed State of Indiana HENDRICKS  Subscribed and sworn to before me this 21 day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in authorizes and directs the RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated 9-21-90 , authorizing the marriage of MARGARET ANN DEROSA  I further certify that the following marriage certificate was filed in my of I, ROBERT J. GILDAY (name), certify that MARION County, Indiana, STEPHEN V. STOH (state), and MARGARET ANN DEROSA  IN (state) were married by me as authorized Court of HENDRICKS County, Indiana, dated	Signed Address And Wordland Stail Courtbour, Shoo New Address And Wordland Stail Courtbour, Subspiribed and sworn to before this 21 day of Sept. 1920 43331  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, STEPHEN V. STAIR and  AIR of FRANKLIN County, of HENDRICKS County, Indiana, Indiana, India
Signed Subscribed and sworn to before me this 2 day of Let 1990 43-33/  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of Signed Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County authorizes and directs the RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated 9-21-90 , authorizing the marriage of MARGARET ANN DEROSA  I further certify that the following marriage certificate was filed in my of I, ROBERT J. GILDAY (name), certify that MARION County, Indiana, STEPHEN V. STOH (state), and MARGARET ANN DEROSA  IN (state) were married by me as authorized Court of HENDRICKS County, Indiana, dated Signed by: /s/ROBERT J. GILDAY (CATHOLICE)	Signed Signed Subscribed and sworn to before this 2/2 day of Subscribed and sworn to before this 2/2 day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS County of Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, STEPHEN V. STAIR and  AIR of FRANKLIN County, HENDRICKS County, Under a marriage license that was issued by the Clerk of the Circuit 9-25-90  PRIEST (official designation) 9-25-90

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

9-21-90 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

Name of Physician

Steagmaller

MALE APPLICANT	FEMALE APPLICANT
Name / G First Danie Chaster	Name Wister / Last / Last
Date of Birth Month Day Year	Date of Birth Month Day Year,
12 0 09	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Malana
Residence Address Street or R.R. City County State	Residence Address Street or F.R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
	THE RESIDENCE OF THE PROPERTY OF THE PARTY O
Last Marriage Ended By: Death □ Divorce □ Annulment □	A THE RESIDENCE OF THE PARTY OF
Date of birth verified by: Birth Certificate   Other (Specify)	Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No√✓ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?  No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? Nor Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? Nov Yes □	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Your	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother of dependent children
of dependent children	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7. (a) Full name of applicant's &
father Ilrry Wyse Karker	father le mony to willow
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's fee askworth	(b) Full maiden name of applicant's.  mother A. Arexnan
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a fixt of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding 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  Par - 90	immune deficiency syndrome)
Signature of Applicant Date Date	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed XIII F BARILL	Signed Mille Very
New Address 9119 W. 10th J. Apt. C Ind.	New Address
Subscribed and sworn to before me this 21 day of Sept., 1990	Subscribed and sworn to before me this al day of Sept 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father Signed Mother	Signed Father Signed Mother
Signed Mother  Subscribed and sworn to before me this day of 19	Signed Modifier  Subscribed and sworn to before me this day of, 19
Clerk	Subscribed and sworn to before me this day of 19 Clerk
	But the state of t
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 9-21-90 , authorizing the marriage of A	LLEN IERRI BARRER
MICHELLE ALETA WATSON	
I further certify that the following marriage certificate was filed in my o	office:
	on 9-22-90 (date), at DANVILLE in
HENDRICKS County, Indiana, ALLEN TERRY BARKER	마다 마음을 다 가는 사람이 되는 사람들이 들어 있어서 이렇게 보고 있다면 있다. 그는 사람들은 사람들이 되었다.
IN (state), and MICHELLE ALETA WA	
(5000)	
나 있는 그리고 그는 것이 없는 것이었다면 없는 없었다면 없는 것이었다면 없었다면 없는 것이었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없	d under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 9_	22-90
Signed by:/s/ MITCH DAVIS, MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana of	n(date).
Thed and recorded in accordance with the laws of the state of indiana of	84 B 188 ( 1884), NEW MEDICAN ( 1884) B 1884 ( 1884)
	Signed
	HENDRICKS Circuit Court

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

Date of Application

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Parala Middle Bartley	Name Terrifee Middle Hastick
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	W.
Same 3	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married D. OR	Previous Marital Status: Never Married T. OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate B Other (Specify)	6.7.
Date of Differ Former Opening)	Date of birth verified by:   Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🖹 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 💢 Yes 🗆
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 🕱 Yes 🗆	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children. The traffic have	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children. The state of the sta
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother
Residence of mother (if deceased, so state)	of dependent children
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's \$ \( \times \)	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's
tather Bleet B. Kartley	tather tappicants they type dogrees
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's with land England England	(b) Full maiden name of applicant's Dine See Higher
Residence of mother (if deceased, so state) Lilan III	Residence of mother (if deceased, so state) Santa will alid.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	Distributed of motion (State of foliagin country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant & Donald & Bartley Date	Signature of Applicant & annux Concructate
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct	State of Indiana HENDRICKS ) ss: I swear/affirm that the information given
October 1	County of
Signed X Donald & Bottley.	Signed Algers Sungande
New Address	
Subscribed and sworn to before me this A day of Sept. 1990	Subscribed and sworn to before me this 21 day of Sopt 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
CONTRACTOR OF STREET, SAN ASSESSMENT OF STRE	
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 9-21-90, authorizing the marriage of	DONALD E. BARTLEY
JENNIFER S. ANGRICK	and.
I further certify that the following marriage certificate was filed in my of	ffice:
I, (name), certify that	on9-21-90 (date), atDANVILLE in
HENDRICKS County, Indiana, DONALD E. BARTLE	
IN (state), and JENNIFER S. ANGRIC	K HENDRICKS
	OI County,
(State) were married by me as authorized	under a marriage license that was issued by the Clerk of the Circuit
county, indiana, dated	-21-90
Signed by: /s/ CONNIE TATE IST DEPU	TY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-21-90
	(date).
	Signed Language Clerk
AFML/PD1	HENDRICKS Circuit Court

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

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 9-20-90

Name of Physician Branch, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name Stanley Middle Jast	Name Darathy Conn Just
Date of Birth Mooth 2 Day 10 Year 44	Date of Birth Month Day 7 Year 47
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State (4 2.3/	Residence Address Street or R.R. City County State 9 462
Previous Marital Status: Never Married   OR	Previous Marital Status: Never Married   OR
	The state of the s
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Other (Specify) Analus The.	Date of birth verified by:   Birth Certificate Other (Specify)  Divisits' Lice
1. Are you now or have you ever been adjudged to be of unsound mind? No V Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □
If answer is "yes," has the adjudication been removed? No □ / Yes □	If answer is "yes," has the adjudication been removed? No □ / Yes □
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No√ Yes □	3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?  No. Yes   5. List the full names of any dependent children.
5. List the full names of any dependent children.	5. List the full flames of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)(b) Full maiden name of mother
(b) Full maiden name of mother of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father through the	7. (a) Full name of applicant's father Laul Edward Barnhart
Residence of father (if deceased, so state) Deceased	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name et applicant's	(b) Full maiden name of applicant's A CO. B
Besidence of mother (if deceased so state) Judols.	mother relie margiet cent
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
Bit in place of mother (state of foreign country)	Billiplace of modifier (State of foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a light of the year sites for High virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a light of the test sites for the girus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome)
Signature of Applicant Strateg OK Otto Date 9-21-90	Signature of Applicant freethy U. Thy Date 9-21-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss: // s	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
11 / 1/ 6/6/	Signed Wheathy all Eite
Signed Man Co. Of Co. New Address	New Address
Subscribed and sworn to before me this 2/d day of Supt 1970	Subscribed and sworn to before me this 21 or day of Sept., 1996
Chance Krinson Clerk of the HENDRICKS Circuit Court	Conne Leven Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	4 (a. 1914) 18 (a. 1914) 19 (a.
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IS MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e clerk of the circuit court of county, indiana,
dated 9-21-90, authorizing the marriage of	STANLEY ROGER FITE and
DOROTHY ANN FITE	
I further certify that the following marriage certificate was filed in my o	office:
	t on 10-5-90 (date), at INDIANAPOLIS in
MARION County, Indiana, STANLEY ROGER F.	
	of MARION County,
	하는 이 집에 가는 것이 살아왔다. 그 가장이 보았다면 되는 것이 없었다면 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다면
(state) were married by me as authorized	d under a marriage license that was issued by the Clerk of the Circuit
court of county, indiana, dated	.0-5-90
Signed by: /s/ MYRON BARNARD JUDGE	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana of	on 10-10-90 (date).
AFML/PD1	HENDRICKS Circuit Court

AFML/PD 1

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

9-34-90 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 Report Dated

Physician Report Dated

Physician Report Dated

No.

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Stephen See Blevens	Name Stephenie Middle Woman
Date of Birth Mars 4 1963 Year	Date of Birth . 2 Month Day Year 1966
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 0	Residence Address Street of R.R. City County State
615 Kertuckey Flainfield, A. 44168	(e15 Kertucky Plainquel & 46168
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married D OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify)   Druvera dicesso	Date of birth verified by:   Birth Certificate   Other (Specify) Druvera Security
	Are you now or have you ever been adjudged to be of unsound mind? No Yes
1. Are you now or have you ever been adjudged to be of unsound mind? No ₩ Yes □  If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ☐ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	a to full some of father
6. (à) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if-deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7. (a) Full name of applicant's (a) Miller Homan)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother Carol Ray Eckendurger	mother Fatricia for Ward
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  Indiana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant & Stephen Bluin Date 9/24/90	
Signature of Applicant Stephen 1 dum Date 1721790	Signature of Applicant X Stephanis Honan Date 9/24/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs.  Clerk of Court Date	Clerk of Court Date
Could of tradiens	State of Indiana ) I swear/affirm that the information given
State of Indiana County of HENDRICKS  Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss:   swear/affirm that the information given in this application is true and correct.
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
County of HENDRICKS ss: in this application is true and correct.  Signed X Structure Rhums	County of HENDRICKS ss: in this application is true and correct.  Signed X Stephanie Homan
Signed X Structure Rhum  New Address Subscribed and sworn to before me this 34th day of Sept. 1990	County of HENDRICKS ) ss: in this application is true and correct.
County of HENDRICKS ss: in this application is true and correct.  Signed X Structure Rhums	County of HENDRICKS ) ss: in this application is true and correct.  Signed X Stephanie Homan
Signed X Structure Rhum  New Address Subscribed and sworn to before me this 34th day of Sept. 1990	Signed Subscribed and sworn to before me this 24th day of Sept. 19.90
Signed Strate Plann  New Address  Subscribed and sworn to before me this 34th day of Sept., 1990  HENDRICKS  Subscribed and sworn to before me this 34th day of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	Signed Subscribed and sworn to before me this 2 4th day of HENDRICKS  Subscribed and sworn to before me this 2 4th day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
Signed A Strate Phone  New Address Subscribed and sworn to before me this 34th day of Sept 1990  Conne Rouson Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN	Signed Stephanie Homan  New Address Same Subscribed and sworn to before me this 24th day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN
Signed Strate Plann  New Address  Subscribed and sworn to before me this 34th day of Sept. 1990  Consent of Parents, Parent, Or Guardian  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	Signed Stephane Homan  New Address Same  Subscribed and sworn to before me this of the day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
Signed Strate Plann  New Address  Subscribed and sworn to before me this 34th day of Sept., 1990  HENDRICKS  Subscribed and sworn to before me this 34th day of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	Signed Subscribed and sworn to before me this 2 4th day of HENDRICKS  Subscribed and sworn to before me this 2 4th day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
Signed Structure Phoenic Signed Signed Structure Phoenic Signed Structure Phoenic Signed Signed Structure Phoenic Signed Subscribed and sworn to before me this Sytth day of Sept., 1990  Consent of Parents, Parent, Or Guardian  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of Signed Father	Signed Signed Some Subscribed and sworn to before me this Office of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father
Signed Structure Plants in this application is true and correct.  Signed Structure Plants Signed Signed Subscribed and sworn to before me this 34th day of Sept. 1990  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of Signed Father Signed Mother	Signed Signed Some Subscribed and sworn to before me this of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother
Signed Structure Policies Section 1990  New Address Subscribed and sworn to before me this 34th day of Section 1990  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of Signed Father Signed Mother  Subscribed and sworn to before me this day of 19	Signed Subscribed and sworn to before me this Officer Court Consent of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Father Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Mother  Subscribed and sworn to before me this day of Mother  Subscribed and sworn to before me this day of Mother
Signed State of Indiana County of HENDRICKS Ss: In this application is true and correct.  Signed State of Indiana HENDRICKS Signed Signed Mother Subscribed and sworn to before me this State of Indiana County of Signed Mother Subscribed and sworn to before me this Signed Mother Subscribed and sworn to before me this Marriage. If only one parent signs, state of Indiana County of Mental Property of Mother Subscribed and sworn to before me this day of Mother Subscribed and sworn to before me this Marriage. If only one parent signs, state of Indiana Mental Property of Mother Subscribed and sworn to before me this Mother Mot	Signed Signed Same  Subscribed and sworn to before me this State of Indiana HENDRICKS  Signed HENDRICKS  Signed Same  Subscribed and sworn to before me this State of Indiana HENDRICKS  Signed Signed Mother  Signed Mother  Subscribed and sworn to before me this Same  State of Indiana HENDRICKS  Signed Mother  Signed Mother  Subscribed and sworn to before me this May of Mother  Subscribed and sworn to before me this May of Mother  Subscribed and sworn to before me this Mother  Subscribed and sworn to before me this Mother  Clerk
Signed Signed Subscribed and sworn to before me this of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of Signed Signed Mother  Signed Mother  Subscribed and sworn to before me this day of Mother  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Signed Signed Same  Subscribed and sworn to before me this State of Indiana HENDRICKS  Signed Clerk of the HENDRICKS  Signed Clerk of the HENDRICKS  Signed
Signed State of Indiana County of HENDRICKS Ss: in this application is true and correct.  Signed State of Indiana HENDRICKS State of Indiana County of Signed State of Indiana County of Signed Subscribed and sworn to before me this day of Signed Signed Signed Signed Signed Signed Signed Signed Subscribed and sworn to before me this day of Signed Signe	Signed Signed Same  Subscribed and sworn to before me this State of Indiana HENDRICKS  Signed Clerk of the HENDRICKS  Signed Clerk of the HENDRICKS  Signed
Signed Subscribed and sworn to before me this supplication is true and correct.  New Address  Subscribed and sworn to before me this supplication is true and correct.  New Address  Subscribed and sworn to before me this supplication is true and correct.  Subscribed and sworn to before me this supplication is true and correct.  New Address  Subscribed and sworn to before me this supplication is true and correct.  HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in authorizes and directs the	Signed Signed Same  Subscribed and sworn to before me this State of Indiana HENDRICKS  Signed Clerk of the HENDRICKS  Signed Clerk of the HENDRICKS  Signed
Signed Structure Policy  New Address  Subscribed and sworn to before me this September Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE	Signed Scance  Signed Scance  Subscribed and sworn to before me this Scance  Subscribed and sworn to before me this Scance  Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed
Signed Subscribed and sworn to before me this system of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS Signed Signed HENDRICKS Signed HENDRICKS Aday of County of HENDRICKS Aday of HENDRICKS Aday of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Aday of HENDRICKS Aday of HENDRICKS Subscribed and sworn to before me this Aday of HENDRICKS Aday of HENDRICKS Aday of HENDRICKS Subscribed and sworn to before me this Aday of HENDRICKS Aday of HENDRICK	Signed Subscribed and sworn to before me this Officer of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
Signed Structure Policy  New Address  Subscribed and sworn to before me this September Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS Section Mother  Signed Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED RETURN OF MARRIAGE LICENSE IS	Signed Subscribed and sworn to before me this Officer of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
Signed X Street Phurs  New Address Subscribed and sworn to before me this State day of Sept 1990  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS Signed Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filled in authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED by the RET	Signed Subscribed and sworn to before me this Officer of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
Signed Subscribed and sworn to before me this sylta day of Sept 1990 HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Signed Subscribed and sworn to before me this October 19 90  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS  COUNTY, Indiana, and
Signed Subscribed and sworn to before me this delay of Letter Hendricks Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana Hendricks  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the ARTICLE AR	Signed Subscribed and sworn to before me this October 19 90  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS  COUNTY, Indiana, and
Signed Subscribed and sworn to before me this delay of Letter Hendricks Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana Hendricks  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the ARTICLE AR	Signed Subscribed and sworn to before me this Stance  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, EPHEN LEE BLEVINS and INDIANAPOLIS in
Signed Subscribed and sworn to before me this supplicant of the parent signs, state facts which make the consent of the other parent unnecessary  Signed HENDRICKS  Signed HENDRICKS  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Signed Mother  Signed Mother  County and filed in Mother  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County Authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  I certify that there was filed in my office a marriage license issued by the dated 9-14-90 , authorizing the marriage of ST  STEPHANIE JO HOMAN  I further certify that the following marriage certificate was filed in my of the marriage of ST  STEPHANIE JO HOMAN  I further certify that the following marriage certificate was filed in my of the marriage of ST  STEPHENIE JO HOMAN  I further certify that the following marriage certificate was filed in my of the marriage of ST  STEPHENIE JO HOMAN  I further certify that the following marriage certificate was filed in my of the marriage of ST  STEPHENIE JO HOMAN  I further certify that the following marriage certificate was filed in my of the marriage of ST  STEPHENIE JO HOMAN  STEPHENIE JO HOMAN  I further certify that the following marriage certificate was filed in my of the marriage of ST  STEPHENIE JO HOMAN  I further certify that the following marriage certificate was filed in my of the marriage of ST  STEPHENIE JO HOMAN  STEPHENIE JO HOMAN  STEPHENIE JO HOMAN	Signed Subscribed and sworn to before me this Stance  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, EPHEN LEE BLEVINS and INDIANAPOLIS in
Signed Subscribed and sworn to before me this state facts which make the consent of the other parent unnecessary  Signed Signed State of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED Is a control of the marriage of ST STEPHANIE JO HOMAN  I further certify that the following marriage certificate was filed in my of I, JAMES R. BONKE (name), certify that LEE B IN (state), and STEPHANIE JO HOMAN  MARION County, Indiana, STEPHEN LEE B IN (state), and STEPHANIE JO HOMAN	Signed Subscribed and sworn to before me this Office:    Signed Subscribed and sworn to before me this Office:   Signed Subscribed and sworn to before me this Office:   Signed Subscribed and sworn to before me this Office:   Signed Subscribed and sworn to before me this Office:   Signed Subscribed and sworn to before me this Office:   Signed Subscribed and sworn to before me this Subscribed and sworn to before me this Office:   Signed Subscribed and sworn to before me this
Signed Subscribed and sworn to before me this 34th day of Subscribed and sworn to before me this 34th day of Subscribed and sworn to before me this 34th day of Subscribed and sworn to before me this 34th day of Subscribed and sworn to before me this 34th day of Subscribed and sworn to before me this 34th day of Subscribed and sworn to before me this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENSE ISCUED STEPHANIE JO HOMAN  I certify that there was filed in my office a marriage license issued by the dated 9-14-90 , authorizing the marriage of ST STEPHANIE JO HOMAN  I further certify that the following marriage certificate was filed in my of I, JAMES R. BONKE (name), certify that MARION County, Indiana, STEPHEN LEE B IN (state), and STEPHEN LEE B IN (state) were married by me as authorized.	Signed Subscribed and sworn to before me this Occurrence of the Hendricks Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed
Signed Subscribed and sworn to before me this SHE day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Father Signed Mother  Signed Mother  Signed Mother  Signed Mother  County of Marriage License Issued by Order Of Court.  County and filed in authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED Normalizing the marriage of ST STEPHANIE JO HOMAN  If further certify that the following marriage certificate was filed in my of I, JAMES R. BONKE (name), certify that MARION County, Indiana, STEPHEN LEE B IN (state), and STEPHENIE JO HOMAN IN (state) were married by me as authorized Court of HENDRICKS County, Indiana, dated 1	Subscribed and sworn to before me this State of Indiana HENDRICKS  Signed Subscribed and sworn to before me this State of Indiana HENDRICKS  Signed Subscribed and sworn to before me this State of Indiana HENDRICKS  Signed State of Indiana HENDRICKS  Signed Signed Subscribed and sworn to before me this State of Indiana HENDRICKS  Signed Signed Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, EPHEN LEE BLEVINS and HENDRICKS County, Indiana, and Mender a marriage license that was issued by the Clerk of the Circuit Courty, Indiana, Indiana MENDRICKS County, Indiana, Indiana MENDRICKS County, Indiana,
Signed Subscribed and sworn to before me this State of Indiana County of HENDRICKS   Signed Subscribed and sworn to before me this State of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   Ss:  Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. It certify that there was filed in my office a marriage license issued by the dated 9-14-90 , authorizing the marriage of ST STEPHANIE JO HOMAN  If further certify that the following marriage certificate was filed in my of I, JAMES R. BONKE (name), certify that MARION County, Indiana, STEPHEN LEE B LN (state), and STEPHANIE JO HOMAN IN (state) were married by me as authorized Court of HENDRICKS County, Indiana, dated 1  Signed by: /s/ JAMES R. BONKE ROMAN CATH	Signed Subscribed and sworn to before me this County of HENDRICKS  Signed County of HENDRICKS  Subscribed and sworn to before me this County  Consent of Parents, Parent, or Guardian  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Mother  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Count, by written order issued issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and Method County of HENDRICKS County, Indiana,
Signed Subscribed and sworn to before me this SHE day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Father Signed Mother  Signed Mother  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in authorizes and directs the RETURN OF MARRIAGE LICENSE ISCUED STEPHANIE JO HOMAN  I further certify that there was filed in my office a marriage license issued by the dated 9-14-90 , authorizing the marriage of ST STEPHANIE JO HOMAN  I further certify that the following marriage certificate was filed in my of I, JAMES R. BONKE (name), certify that MARION County, Indiana, STEPHEN LEE B IN (state), and STEPHEN LEE B IN (state) were married by me as authorized Court of HENDRICKS County, Indiana, dated 1	Signed Subscribed and sworn to before me this County of HENDRICKS  Signed County of HENDRICKS  Subscribed and sworn to before me this County Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Count, by written order issued issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, EPHEN LEE BLEVINS and  office:  on 10-13-90 (date), at INDIANAPOLIS in HENDRICKS County, of HENDRICKS County, under a marriage license that was issued by the Clerk of the Circuit 0-13-90  OLIC PRIESTofficial designation)

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

lo.	560
ile	
	9-24-90
	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

Name of Physician

MALE APPLICANT	FEMALE APPLICANT	
Name Martin Itah Middle Last	Name Sherry Server Harvey	
Date of Birth Month 1968 Year	Date of Birth Month Day Year	
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)	
Danharks Claska	Herdricks Courty Thiana	
Residence Address Street or R.B. City County State  Nox 1814 Anestawn In . 4614 7	Residence Address Street or R.R. City County State India	
Previous Marital Status: Never Married DOR	Previous Marital Status: Never Married  OR	
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □	
10. 9.	11.0	
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	
2. Are you related to the female applicant closer than second cousin? No 🖾 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No 🖵 Yes 🗆	
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?	
5. List the full names of any dependent children.	5. List the full names of any dependent children. Castley Martix a	
	Dawey & adem Joshua Warvey	
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children Martin Utal Estes	
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) alone	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) — Octobra	
(b) Full maiden name of mother	(b) Full maiden name of mother	
of dependent children	of dependent children Sherry Lynn Harrisy	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)aboue	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)allowe	
7. (a) Full name of applicant's take Estes	7. (a) Full name of applicant's Rarrey Lain YJarvey	
Residence of father (if deceased, so state) Kertuckey	Residence of father (if deceased, so state) Istiana	
Birthplace of father (State or foreign country) (Ohio	Birthplace of father (State or foreign country)	
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's	
mother Kalande Kaye Web	mother Whosah Jane Dejers	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases	
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
Signature of Applicant & Think & St. Date 9/24/90	Signature of Applicant Sulkhy Lalakury Date 9-24-90	
Ognation of Applicant	4 4	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to veritying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court Date	Clerk of Court Date	
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given	
State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS in this application is true and correct.	
Signed X Morts U. Ests	Signed X Merry L. Hahvey	
New Address	New Address	
Subscribed and sworn to before me this 34th day of Supt 19 90	New Address Subscribed and sworn to before me this 34 day of Lept, 19 90	
Cornie Ramson Clerk of the HENDRICKS Circuit Court	Consultanison Clerk of the HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN		
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN	
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:	
	County of)	
Signed Father Signed Mother	Signed Father	
Signed Mother Subscribed and sworn to before me this day of, 19	Signed Mother	
Clerk	Subscribed and sworn to before me this day of 19	
	Clerk	
	A marriage license having been refused to the above named parties, the	
and filed in authorizes and directs the	Court, by written order issued issuance of a marriage license to the above named parties.	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,	
dated 9-24-90 , authorizing the marriage of	MARTIN UTAH ESTES	
	ana	
SHERRY LYNN HARVEY		
I further certify that the following marriage certificate was filed in my o		
I, WILLIAM K. WEBB (name), certify that on 11-10-90 (date), at DANVILLE in		
HENDRICKS County, Indiana, MARTIN UTAH ESTES of BOONE County,		
IN(state), andSHERRY LYNN HARVEY		
	under a marriage license that was issued by the Clerk of the Circui	
TIEST DICTOR	1-10-90	
/c/ WILLIAM V WEDD DEDED		
Signed by: /s/ WILLIAM K. WEBB ELDER	(official designation)	
Filed and recorded in accordance with the laws of the State of Indiana on	11-13-90 (date).	
	Signed	
	HENDBICKS	

#### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

File

County Date of Application IC 31-7-9-1. Furnishing false information upon applying for license. Female 8-10-90 A person who knowingly furnishes false information to a clerk of the Medical Examination or Report Dated circuit court when the person applies for a marriage license under IC Name of Physician 31-7-3 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Previous Marital Status: Never Married Previous Marital Status: Last Marriage Ended By: Death □ Divorce □ Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: 

Birth Certificate Other (Specify) Date of birth verified by: 

Birth Certificate 
Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Yes 🗆 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No 🗆 Yes 🗆 If answer is "yes," has the adjudication been removed? No 🗆 Yes □ Are you related to the female applicant closer than second cousin? /Yes □ Yes 🗆 Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No V /Yes □ No Yes Are you now under the influence of a narcotic drug? Yes 🗆 Are you now under the influence of a narcotic drug? List the full names of any dependent children. The table Chetten List the full names of any dependent children. granchittender 12 yrs. (a) Full name of father (a) Full name of father of dependent children of dependent children Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of mother (b) Full maiden name of mother of dependent children of dependent children Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)

Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father Clifton Christon  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Sandra Maleney Keeling  Residence of mother (if deceased, so state)	7. (a) Full name of applicant's father Residence of father (If deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	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 syndroge).  Signature of Applicant  Date 9/24/50	I acknowledge that I have received information regarding dangerous that are sexually transmitted, and a list of the test sites for the virus that immune deficiency syndrome).  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	The above applicant has objected to verifying by oath or affirmation of acknowledgment because of religious beliefs.  Clerk of Court
State of Indiana County of HENDRICKS    I swear/affirm that the information given in this application is true and correct.    Signed	State of Indiana County of HENDRICKS  Signed SAME  Subscribed and sworn to before me this 24 day of August
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) sec.

communicable diseases causes AIDS (acquired

signature to the above

Date at the information given

on is true and correct.

19 90 RICKS

f only one parent signs,

County of .

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ Court, by written order issued\_ 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 \_\_\_ County, Indiana, 9-24-90 authorizing the marriage of \_\_\_\_\_\_BRETT ALLEN JOHNSTON DENISE HUTSEN I further certify that the following marriage certificate was filed in my office: I, KENNETH R. PAQUIN (name), certify that on \_\_\_\_ 9-28-90 (date), at NORTH SALEM HENDRICKS County, Indiana, BRETT ALLEN JOHNSTON of HENDRICKS County, \_\_\_\_\_ (state), and \_\_\_\_\_ DENISE HUTSEN \_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-28-90 Signed by: \_\_/s/ KENNETH R. PAQUIN PASTOR

\_\_ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-2-90

\_ (date).

AFML/PD1

Subscribed and sworn to before me this \_\_\_\_

HENDRICKS

\_Circuit Court

\_Circuit Court

STATE OF INDIANA

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County No. \_562 9-25-90

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
Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name Lisarda Middle Blast III	Name Walter Marie Wells
Date of Birth Month 6 Day 2 Year 6 7	Date of Birth Month 6 Day 3 Year 67
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR 46 16 8	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate & Other (Specify) Masles Lice	
Date of birth verified by:	Date of birth verified by:   Birth Certificate Other (Specify)  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?  No □ Yes □
<ol> <li>Are you related to the female applicant closer than second cousin?</li> <li>Are you now under the influence of an alcoholic beverage?</li> <li>Yes □</li> </ol>	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of an arcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's .	7. (a) Full name of applicant's ' be The Alexander
Residence of father (if deceased as state)	father Thaurice Regar tricks
Birthplace of father (State or foreign country)  Residence of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden namegof applicant's
mother angie Ne La Cruy	mother Sandra fran Metgler
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Lando Baltraga Date 25, 1998	Signature of Applicant Delly Marco Colles Date 1935, 193
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
1.111	Signed dolly Wells
New Address 54ME	New Address 6/4 hoxwood Dr. Plansfield
Subscribed and sworn to before me this 25th day of Supt 1990	Subscribed and sworn to before me this 25 day of Supel 1990
Chanie Lausa Clerk of the HENDRICKS Circuit Court	Cranic Lawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	Court, by written order issued
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 15.3.90 , authorizing the marriage of	LISARDO BATAN III and
HOLLY MARIE WELLS	
The state of the s	ffice:
I further certify that the following marriage certificate was filed in my of	
	on 10-27-90 (date), at DANVILLE in
HENDRICKS County, Indiana, LISARDO BATAN II	
IN (state), and HOLLY MARIE WELLS	
TIPATROPORTE	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 10-	-27-90
Signed by/s/ GUNDAR LAMBERTS , 10-2	27–90 (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	1. 1.
AFML/PD1	HENDRICKS Circuit Court

AFML/PD 1

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

No	065
File _	
	9-25.90
	Date of Application

\_Circuit Court

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

Medical Examination or Report Dated \_\_\_\_\_ Name of Physician

FEMALE APPLICANT
Name First Middle Last Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
70
Residence Address Street or R.R. City Sounty State
Previous Marital Status: Never Married C OR
Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate  Other (Specify)
Date of birth verified by:     Birth Certificate     Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No   ▼ Yes □
If answer is "yes," has the adjudication been removed?
2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes □
4. Are you now under the influence of a narcotic drug? No ♥ Yes □
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)
7. (a) Full name of applicant's Early Eughe Drangel
Residence of father (if deceased, so state) Blanguage Sud.
Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's
mother Jan Man Heller
Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)
ACKNOWI EDGMENT
ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndromes but to the first of the syndromes of the syndr
Signature of Applicant Juniorly H Villam Date 1-6-5 10
The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.
Clerk of Court Date
State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS ) in this application is true and correct.
Signed Manuely H. Crambal
New Address Sance above
Subscribed and sworn to before me this 25 day of Sept. 1990
Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:
County of)
Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk
A marriage license having been refused to the above named parties, the
Court, by written order issued
e issuance of a marriage license to the above named parties.
SE AND MARRIAGE CERTIFICATE
HENDRICKS
e Clerk of the Circuit Court of HENDRICKS County, Indiana,
e Clerk of the Circuit Court of HENDRICKS County, Indiana,
e Clerk of the Circuit Court of HENDRICKS County, Indiana,
e Clerk of the Circuit Court of HENDRICKS County, Indiana,  ROBERT L. MEISER and
e Clerk of the Circuit Court of HENDRICKS County, Indiana,  ROBERT L. MEISER and  office:
e Clerk of the Circuit Court of HENDRICKS County, Indiana,  ROBERT L. MEISER and
e Clerk of the Circuit Court of HENDRICKS County, Indiana,  ROBERT L. MEISER and  office:  t on 10-28-90 (date), at BETHESDA BAPTIST CHURCHINGER of FAIRFIELD County,
e Clerk of the Circuit Court of HENDRICKS County, Indiana,  ROBERT L. MEISER and  office:  t on 10-28-90 (date), at BETHESDA BAPTIST CHURCHIN
e Clerk of the Circuit Court of HENDRICKS County, Indiana,  ROBERT L. MEISER and  office:  t on 10-28-90 (date), at BETHESDA BAPTIST CHURCHINGER of FAIRFIELD County,  MEL of FAIRFIELD County,
e Clerk of the Circuit Court of HENDRICKS County, Indiana,  ROBERT L. MEISER and  office:  t on 10-28-90 (date), at BETHESDA BAPTIST CHURCHINGER of FAIRFIELD County,  MEL of FAIRFIELD County,  d under a marriage license that was issued by the Clerk of the Circuit
e Clerk of the Circuit Court of HENDRICKS County, Indiana,  ROBERT L. MEISER and  office:  t on 10-28-90 (date), at BETHESDA BAPTIST CHURCHINGER of FAIRFIELD County,  MEL of FAIRFIELD County,
e Clerk of the Circuit Court of HENDRICKS County, Indiana,  ROBERT L. MEISER and  office:  t on 10-28-90 (date), at BETHESDA BAPTIST CHURCHINGER of FAIRFIELD County,  MEL of FAIRFIELD County,  d under a marriage license that was issued by the Clerk of the Circuit
e Clerk of the Circuit Court of HENDRICKS County, Indiana,  ROBERT L. MEISER and  office:  t on 10-28-90 (date), at BETHESDA BAPTIST CHURCHINGER County,  MEL of FAIRFIELD County,  d under a marriage license that was issued by the Clerk of the Circuit  -28-90 (official designation)
e Clerk of the Circuit Court of HENDRICKS County, Indiana,  ROBERT L. MEISER and  office:  t on 10-28-90 (date), at BETHESDA BAPTIST CHURCHINGER of FAIRFIELD County,  MEL of FAIRFIELD County,  d under a marriage license that was issued by the Clerk of the Circuit  -28-90 (official designation)

\_Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

	9-25	.90	
File			V.

564

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Name of Physician \_

No.

MALE APPLICANT	FEMALE APPLICANT
Name + Figst Middle Last /	Name Mar First / Middle/ Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country) 76/	Place of Birth (State or foreign country) T
Residence Address , Street or R.R. City County State	Residence Address Street of R.R. City County / State
50 Readilly Ct. BROWNShing HENDRICKS IN	50 FICADILLY CT BROWN SPURG HENDRICKS, IN
Previous Marital Status: Never Married OS OR	Previous Marital Status: Never Married  OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify)   Open Cc.	Date of birth verified by:   Birth Certificate   Other (Specify)   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? Note: Yes	Are you now or have you ever been adjudged to be of unsound mind? No ❤️ Yes □
If answer is "yes," has the adjudication been removed? No ❤️ Yes □	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? Note Yes	2. Are you related to the male applicant closer than second cousin? No 赵 Yes □
3. Are you now under the influence of an alcoholic beverage? No ∀ Yes □	3. Are you now under the influence of an alcoholic beverage? Note Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)(b) Full maiden name of mother	Birthplace of father (State or foreign country)  (b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's PROPRICK & Roude bush	7. (a) Full name of applicant's John W. Dawson, JR
Residence of father (if deceased, so state) 300 West and Anderson L	Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicants mother Coppege HA L. Hopnbeck	(b) Full maiden name of applicant's SINA B Home War of
Residence of mother (if deceased, so state) 300 West 2 rd finder sin 1	Residence of mother (if deceased, so state) 1504 SEELEY, ALLING
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Lacrate of Note of Deer Date 09-25-90	immune deficiency syndrome).
Signature of Applicant Action of Applicant Signature of Applicant Si	Signature of Applicant Mary Sen Kalley Date 09-25-9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
x Signed Elexand & November	Signed Manybon Kelley
New Address Same as above	New Address Some as above
Subscribed and sworn to before me this Say of Sept 1990	Subscriped and sworn to before me this 25 day of Sept. 19.90
Connic Court Court Clerk of the HENDRICKS Circuit Court	Court Court Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of
	Clerk
Complete if Markiage 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, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 09-35-90, authorizing the marriage of	EDWARD RAY ROUDEBUSH and
MARY LOU KELLEY	
I further certify that the following marriage certificate was filed in my of	ffice:
I, HAROLD L. LEININGER (name), certify that	on10-20-90 (date), atBROWNSBURG in
HENDRICKS County, Indiana, EDWARD RAY ROU	DEBUSH of HENDRICKS County,
IN (state), andMARY LOU KELLEY	of HENDRICKS County,
HT : ( ) [	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated	
count of county, indiana, dated	
Signed by: /s/ HAROLD L. LEININGER , PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	11-21-90 (date).
	Signed
AFML/PD1	HENDRICKS Circuit Court

#### 474

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

AFML/PD 1

IC 31-7-9-1. Furnishing false information upon applying for license.

A person who knowingly furnishes false information to a clerk of the

circuit court when the person applies for a marriage license under IC

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

**Female** 

County

Medical Examination or Report Dated

File Date of Application

Name of Physician 31-7-3 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Last Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) State Previous Marital Status: Never Married Previous Marital Status: Never Married Divorce Annulment Death □ Divorce Annulment □ Death Last Marriage Ended By: Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Yes 🗆 Are you now or have you ever been adjudged to be of unsound mind? Yes No Q No 🗆 Yes 🗆 If answer is "yes," has the adjudication been removed? If answer is "yes," has the adjudication been removed? Yes 🗆 Yes 🗆 Are you related to the male applicant closer than second cousin? No D Are you related to the female applicant closer than second cousin? No D Yes 🗆 Are you now under the influence of an alcoholic beverage? Yes 🗆 No D Are you now under the influence of an alcoholic beverage? Yes 🗆 Are you now under the influence of a narcotic drug? No D Yes 🗆 Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Aull name of father (a) Full name of father of dependent children of dependent children ence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maider name of mother of dependent children (b) Full maider name of mother of dependent children dence of mather (if deceased, so state) ther (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) 7. (a) Full name of applicant's (a) Full name of applicant's father . Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's (b) Full maiden name of applicant's Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome): Signature of Applicant Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs acknowledgment because of religious beliefs Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given HENDRICKS HENDRICKS in this application is true and correc in this application is true and correct County of \_ Subscribed and sworn to before me this 26 Subsefibed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS State of Indiana HENDRICKS County of \_ County of \_ Signed . Signed Mother Signed Subscribed and sworn to before me this \_ day of \_\_\_ Subscribed and sworn to before me this \_ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued\_ County \_ , 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 \_\_ County, Indiana, 9-26-90 , authorizing the marriage of \_\_\_\_\_LEON V. PATTERSON SR. NELLIE F. KIEFER I further certify that the following marriage certificate was filed in my office: I, MICHAEL T. CHURCH (name), certify that on 11-10-90 (date), at BONNIE'S BYGONES \_\_\_\_ County, Indiana, \_\_ LEON V. PATTERSON SR. FOUNTAIN \_\_ (state), and \_\_\_\_NELLIE F. KIEFER \_ County, \_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit HENDRICKS County, Indiana, dated 11-10-90 Court of \_ /s/ MICHAEL T. CHURCH MINISTER Signed by: \_ \_ (official designation) 11-14-90 Filed and recorded in accordance with the laws of the State of Indiana on . (date).

HENDRICKS

\_Circuit Court

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

No.	566
File	
	9.26.90
THE REAL PROPERTY.	Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Septil Se

MALE APPLICANT	FEMALE APPLICANT
Name First Middle SLast Derwein	Name Veronica Denise Sloan
Date of Birth Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City. County State	Residence Address Street or R.R. City County, State
Previous Marital Status: Never Married & OR	4712 Vondalia) Ald. 46241
THE RESIDENCE OF THE PARTY OF T	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)	Date of birth verified by: Serificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🕏 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?  No  Yes    Are you related to the female applicant closer then second coursin?	If answer is "yes," has the adjudication been removed?  No  Yes   Are your related to the male applicant closes they record as wind.
<ol> <li>Are you related to the female applicant closer than second cousin?</li> <li>No ☐ Yes ☐</li> <li>Are you now under the influence of an alcoholic beverage?</li> <li>No ☐ Yes ☐</li> </ol>	2. Are you related to the male applicant closer than second cousin?  No V Yes   3. Are you now under the influence of an alcoholic beverage?  No V Yes   No VO
3. Are you now under the influence of an alcoholic beverage?  No   Yes □  4. Are you now under the influence of a narcotic drug?  No   Yes □	<ul> <li>3. Are you now under the influence of an alcoholic beverage?</li> <li>4. Are you now under the influence of a narcotic drug?</li> <li>No Ves □</li> </ul>
5. List the full names of any dependent children.	Are you now under the influence of a narcotic drug?     No Yes      List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother
Residence of mother (if deceased, so state)	of dependent children  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7. (a) Full name of applicant's
father dward 1. Schuren	tather Rome From Stony
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Wandalia Hed
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	Birthplace of father (State or foreign country)
mother Holen J. Page	(b) Full maiden name of applicant's mother
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Large waine Selwen Date Aug 26, 90	Signature of Applicant X Tolonica Daniel Stran Date (419. 36,199)
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana  HENDRICKS  ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss:   Swear/affirm that the information given in this application is true and correct.
	y and application to trace and correct.
Signed Your waine Jelmen  New Address Same as a boul	Signed XTLe romen Deniso Sorah
New Address as a letter 19	New Address
Clerk of the HENDRICKS Circuit Court	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.	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	we, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Tonne Extons Father
Signed Mother	Signed Signed Signed Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the is	Court by written order issued
RETURN OF MARRIAGE LICENSE	
I certify that there was filed in my office a marriage license issued by the C	
dated 9-26-90 , authorizing the marriage of JA	
H 20 R B. B. H.	and.
VERONICA D. SLOAN  I further certify that the following marriage certificate was filed in my of	
I further certify that the following marriage certificate was filed in my off	
	on 9-29-90 (date), at INDIANAPOLIS in
MARION County, Indiana, JAY W. SCHWEIN	of HENDRICKS County,
TAT THE RESERVE OF THE PROPERTY OF THE PROPERT	of MARION County,
(state) were married by me as authorized	under a marriage license that was issued by the Clerk of the Circuit
THE TOTAL PROPERTY.	-26-90 · · · · · · · · · · · · · · · · · · ·
	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on .	
	Signed Somme Agus on Clerk
AFML/PD1	HENDRICKS Circuit Court

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

567 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.

Medical Examination or Report Dated 9-25-9 Name of Physician Shert Howell, M. W.

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Last	Name Jonna Middle Last Unistion
Date of Birth Day Year 9	Date of Birth Month Day Year, 96 5
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce ☑ Annulment □	THE RESIDENCE OF THE PARTY OF T
Date of birth verified by:   Birth Certificate Other (Specify)	Last Marriage Ended By: Death □ Divorce □ Annulment □  Date of birth verified by: □ Birth Certificate □ Other (Specify)
	Date of birth verified by:   Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes   If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No A Yes
2. Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed?  No Yes  Are you related to the male applicant closer than second cousin?  Yes
3. Are you now under the influence of an alcoholic beverage? No ⋈ Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Dullancy & filency	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	ox dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (If deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maider name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's	7. (a) Full name of applicant's
Residence of father (if deceased so state)	father James A. alreston
Birthplace of father (State or foreign country)  Deu York	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's (	(b) Full maiden name of applicant's
Residence of mother (if deceased, so state)	mother Tamela fine Cles
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	Siturplace of mother (state of foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant	immune deficiency syndrome).  Signature of Applicant Danna 3. Carrest Date 9-26-9()
The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct
Signed ABB B	) in this application is true and correct.
New Address & Marth Shelich Rd. J. J.	Signed Danvia L. Curiolox  New Address Spanie
Subscribed and sworn, to before the this 36 to day of Dept. 19.90	Subscribed and sworn to before me this 26 a day of Syst. 19 90
Conne Clerk of the HENDRICKS Circuit Court	Conne Douison Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of, 19	Signed Mother Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	marriage license having been refused to the above named parties, the
and filed in County, authorizes and directs the is	Court by written order issued
RETURN OF MARRIAGE LICENSE	
I certify that there was filed in my office a marriage license issued by the (	
dated 9-26-90, authorizing the marriage of JEF	FREY A. ROBERTS and
TAMERA L. WRITSTON	
I further certify that the following marriage certificate was filed in my of	
MYRON BARNARD (name), certify that of	on10-13-90 (date), atINDIANAPOLIS in
MARION County, Indiana, JEFFREY A. I	ROBERTS of HENDRICKS County,
	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 10-1	.3-90
	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on _	10-22-90 (date).
	Signed _ Louris Jawan Clerk
FML/PD1	HENDRICKS Circuit Court
	Circuit Court

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

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

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Last Marriage Enided By Dearn © Disorce © Annuament © Disorce (Disorce (Dis		- 11 11 1. N. 9 101 Desprend
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Signature of Applicant	that are sexually transmitted, and a list of the test sifes for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
The above applicant has objected to verifying by oath or affirmation or signature to the above actionoelegament because of religious beliefs.  Clerk of Court  Date  Dat	JP. (1/1 X/ 4/27/9/)	immune deficiency syndrome).  Signature of April 2018 A
acknowledgment because of religious beliefs.  Clerk of Court Date  Clerk of Court Date  State of Indiana HENDRICKS  Signed Mew Address  Subscribed and syoun to before me this day of 19 10 10 10 10 10 10 10 10 10 10 10 10 10	9 11	4
State of Indiana HENDRICKS Signed HENDRICKS Signed HENDRICKS Superitied and seven to before me this application is true and correct.  CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state of Indiana HENDRICKS Signed HENDRICKS Signed Father Signed Father Signed Father Signed Father Signed Father Signed Mother Subscribed and sworn to before me this day of 19 County of 19 Signed Father	acknowledgment because of religious beliefs.	The state of the s
Superibed and sworn to before me this	Clerk of Court Date	Clerk of Court Date
Superibed and sworn to before me this	State of Indiana HENDRICKS  ss:   swear/affirm that the information given this application is true and correct.	
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Subscribed and sworm to before me this		
Consent of Parents, Parent, or Guardiana  Consent of Parents, Parent, or Guardiana  Consent of Parents, Parent, or Guardiana  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Father  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  County of Marriage license having been refused to the above named parties, the County of Marriage license having been refused to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS  AND ARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS  I further certify that the following marriage certificate was filed in my office:  I, ALEX R. VOILS, JR. (name), certify that on 9-29-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, CHARLES ANTHONY HALCOMB  ON HENDRICKS COUNTY HALCOMB  ON		
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this Subscribed a	Clerk of the HENDRICKS Circuit Court	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary.    Signed	CONSENT OF PARENTS, PARENT, OR GUARDIAN	
state facts which make the consent of the other parent unnecessary    State of Indiana   HENDRICKS   Signed   Signed   Signed   Mother	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	
Signed Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 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 filled in authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana and MARY BETH RICHARDSON  If further certify that the following marriage certificate was filed in my office:  I, ALEX R. VOILS, JR. (name), certify that on 9-29-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, CHARLES ANTHONY HALCOMB of HENDRICKS County IN (state), and MARY BETH RICHARDSON 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 9-29-90  Signed by: /s/ ALEX R. VOILS, JR. JUDGE PRO TEM (official designation)  Filled and recorded in accordance with the laws of the State of Indiana on (date).	state facts which make the consent of the other parent unnecessary	
Signed Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 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 filled in authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana and MARY BETH RICHARDSON  If further certify that the following marriage certificate was filed in my office:  I, ALEX R. VOILS, JR. (name), certify that on 9-29-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, CHARLES ANTHONY HALCOMB of HENDRICKS County IN (state), and MARY BETH RICHARDSON 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 9-29-90  Signed by: /s/ ALEX R. VOILS, JR. JUDGE PRO TEM (official designation)  Filled and recorded in accordance with the laws of the State of Indiana on (date).	State of Indiana	State of Indiana
Signed	County of HENDRICKS ) SS:	County of
Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 9-29-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, CHARLES ANTHONY HALCOMB of HENDRICKS County Indiana, CHARLES ANTHONY HALCOMB of HENDRICKS County Indiana, Charles ANTHONY HALCOMB of HENDRICKS County Indiana, State), and MARY BETH RICHARDSON of HENDRICKS County Indiana, State), and MARY BETH RICHARDSON of HENDRICKS County Indiana, Gate were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit of HENDRICKS County, Indiana, dated 9-29-90  Signed by: /s/ ALEX R. VOILS, JR. JUDGE PRO TEM (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 10-29-90 (date).	Signed Father	Signed Fathe
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County		Signed Mothe
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 and MARY BETH RICHARDSON  I further certify that the following marriage certificate was filed in my office:  I, ALEX R. VOILS, JR. (name), certify that on 9-29-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, CHARLES ANTHONY HALCOMB of HENDRICKS County In (state), and MARY BETH RICHARDSON 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 9-29-90  Signed by: /s/ ALEX R. VOILS, JR. JUDGE PRO TEM (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 10-29-90 (date).		Subscribed and sworn to before me this day of, 19
County authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  If certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indianal dated		Cleri
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana and MARY BETH RICHARDSON  I further certify that the following marriage certificate was filed in my office:  I, ALEX R. VOILS, JR. (name), certify that on 9-29-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, CHARLES ANTHONY HALCOMB of HENDRICKS County  IN (state), and MARY BETH RICHARDSON 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 9-29-90  Signed by: /s/ ALEX R. VOILS, JR. JUDGE PRO TEM (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on (date).	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana dated 9-27-90, authorizing the marriage of CHARLES ANTHONY HALCOMB and MARY BETH RICHARDSON  If further certify that the following marriage certificate was filed in my office:  If ALEX R. VOILS, JR. (name), certify that on 9-29-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, CHARLES ANTHONY HALCOMB of HENDRICKS County IN (state), and MARY BETH RICHARDSON of HENDRICKS 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 9-29-90  Signed by: /s/ ALEX R. VOILS, JR. JUDGE PRO TEM (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 10-29-90 (date).	and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana dated 9-27-90, authorizing the marriage of CHARLES ANTHONY HALCOMB and MARY BETH RICHARDSON  If further certify that the following marriage certificate was filed in my office:  If ALEX R. VOILS, JR. (name), certify that on 9-29-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, CHARLES ANTHONY HALCOMB of HENDRICKS County IN (state), and MARY BETH RICHARDSON of HENDRICKS 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 9-29-90  Signed by: /s/ ALEX R. VOILS, JR. JUDGE PRO TEM (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 10-29-90 (date).	RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
MARY BETH RICHARDSON  I further certify that the following marriage certificate was filed in my office:  I, ALEX R. VOILS, JR. (name), certify that on 9-29-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, CHARLES ANTHONY HALCOMB of HENDRICKS County  IN (state), and MARY BETH RICHARDSON of HENDRICKS County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of HENDRICKS County, Indiana, dated 9-29-90  Signed by: /s/ ALEX R. VOILS, JR. JUDGE PRO TEM (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on (date).		
MARY BETH RICHARDSON  I further certify that the following marriage certificate was filed in my office:  I, ALEX R. VOILS, JR. (name), certify that on 9-29-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, CHARLES ANTHONY HALCOMB of HENDRICKS County  IN (state), and MARY BETH RICHARDSON of HENDRICKS County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of HENDRICKS County, Indiana, dated 9-29-90  Signed by: /s/ ALEX R. VOILS, JR. JUDGE PRO TEM (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on (date).		
I further certify that the following marriage certificate was filed in my office:  I, ALEX R. VOILS, JR. (name), certify that on9-29-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, CHARLES ANTHONY HALCOMB of HENDRICKS County IN (state), and MARY BETH RICHARDSON of HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of		ARLES ANTHONY HALCOMB and.
HENDRICKS County, Indiana, CHARLES ANTHONY HALCOMB of HENDRICKS County  IN (state), and MARY BETH RICHARDSON of HENDRICKS County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum HENDRICKS County, Indiana, dated 9-29-90  Signed by: /s/ ALEX R. VOILS, JR. JUDGE PRO TEM (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 10 29-90 (date).		
HENDRICKS County, Indiana, CHARLES ANTHONY HALCOMB of HENDRICKS County IN (state), and MARY BETH RICHARDSON of HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circumstance of Hendricks County, Indiana, dated 9-29-90 Signed by: /s/ ALEX R. VOILS, JR. JUDGE PRO TEM (official designation) Filed and recorded in accordance with the laws of the State of Indiana on (date).		
IN (state), and MARY BETH RICHARDSON of HENDRICKS County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circumstance of HENDRICKS County, Indiana, dated 9-29-90  Signed by: /s/ ALEX R. VOILS, JR. JUDGE PRO TEM (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 10 29-90 (date).		
IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum tof HENDRICKS		
Court of		
Signed by:/s/ ALEX R. VOILS, JR JUDGE PRO TEM (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 10 24.90 (date).	The second secon	
Filed and recorded in accordance with the laws of the State of Indiana on 10 39.90 (date).	county, mutana, dated	-90
	Signed by: /s/ ALEX R. VOILS, JR. JUDGE PRO	TEM (official designation)
	Filed and recorded in accordance with the laws of the State of Indiana or	
	AFMI /PD I	HENDRICKS CO. 1. C.

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

File

9-27-90 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

A Jeann

MALE APPLICANT	FEMALE APPLICANT
Name Patrick First Dennis Weller	Name Spirry First Walle Koth
Date of Birth Povembert 28 Day 1964	Date of Birth March Month 3/ Day 195 Year
Place of Birth (State or foreign country) maruland	Place of Birth (State or foreign country) Lindiana
Residence Address Street of R.R. Churty County State	Residence Address Street of R.R. // City / County/ State
202 Hancook Rd, Ryd, Hundricks, In	202 Hancook Ka, Piga, Himaruko, SAN
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce₁ ☑ Annulment □
Date of birth verified by: Birth Certificate D'Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves	Are you now or have you ever been adjudged to be of unsound mind? No  Yes
Are you now or have you ever been adjudged to be of unsound mind?     No ☑ Yes ☐     If answer is "yes," has the adjudication been removed?     No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?  No □ Yes □
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ☑ Yes □
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □
4. Are you now under the influence of a narcotic drug? No ♥ Yes □	4. Are you now under the influence of a narcotic drug? No ☑ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6 (a) Full come of father	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's funtly William Wirth	7. (a) Full name of applicant's Jary Deare Keith
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Parkers Roman Catural	(b) Full maiden name of applicants, and Amailan Undinh
mother factories and a state a	Residence of mother (if deceased so state)
Residence of mother (if deceased, so state)	- Cudinno
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome)
Signature of Applicant Laturk W. Why Date 9-27-90	Signature of Applicant Skerry D. Buth Date 9-27-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.  Clerk of Court Date
State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
Signed Latit Oulut	L RD N W:H
New Address Same	Signed & Slerry D. Buth
Subscribed and sworn to before me this day of 19	New Address day of 19
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	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 authorizes and directs the	
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 9-27-90 , authorizing the marriage of	PATRICK DENNIS WERTZ and
SHERRY DAWN KEITH	
I further certify that the following marriage certificate was filed in my of JOHN ANTONE YOUNG (name) certify that	
(nume), corns that	on (date), at m
HENDRICKS County, Indiana, PATRICK DENNIS W	HENDRICKS
IN (state), and SHERRY DAWN KEITH	of HENDRICKS County,
	d under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 10-	12-90
Signed by: /s/ JOHN ANTONE YOUNG , UNIVERSITY (	CHAPLAIN (official designation)
Filed and recorded in accordance with the laws of the State of Indiana or	10 22 00
and the state of indiana of	(uate).
	Signed Open Clerk
AFML/PD 1	HENDRICKS Circuit Court

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

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 Pated
Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Hast	Name Michelle Middle Beery
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City Quinty State	Residence Address Street or R.R. City County State
3486 Maraha Mila Place Ludgle. Walt	RRI Box 30A Tiston 46149
Previous Marital Status: Never Married DOR	Previous Marital Status: Never Married R OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate **DOther (Specify) **Do	Date of birth verified by: ☐ Birth Certificate Ø Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🖔 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No      Yes □     If answer is "yes," has the adjudication been removed?
If answer is "yes," has the adjudication been removed?  No □ Yes □	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
2. Are you related to the female applicant closer than second cousin? No   Yes □  3. Are you now under the influence of an alcoholic beverage? No □  Yes □	3. Are you now under the influence of an alcoholic beverage? No □ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ☑ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Masse Hadley	7. (a) Full name of applicant's Rossy William Ressy
Residence of father (if deceased, so state) Wanto Dud	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Man day Course Homes	(b) Full maiden name of applicant's Shown Kar I waren
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	to a second defection of the second second of the second o
Signature of Applicant John Market Date 127/10	Signature of Applicant Applicant Belly Date 9-27-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.  Clerk of Court Date
Clerk of Court Date	The state of the s
State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss:   I swear/affirm that the information given in this application is true and correct.
	1 1 1 1
Signed Signed State of the Signed Sig	Signed X Muchelle & Beery
New Address Subscribed and sworn to before me this day of Sept. 1990	Subscribed and sworn to before me this 37 day of 5.21., 1990
Subscribed and sworn to before me this day of HENDRICKS Circuit Court	Subscribed and sworn to before me this day of
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
A STATE OF THE PARTY OF THE PAR	
State of Indiana County of State of Indiana	State of Indiana HENDRICKS ) ss:
County of	County or)
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 9-27-90 , authorizing the marriage of	EVIN P. HADLEY and
MICHELLE L. BERRY	
I further certify that the following marriage certificate was filed in my o	
I, DR. M. E. LANE (name), certify that	on10-13-90 (date), atBROWNSBURG in
HENDRICKS County, Indiana, KEVIN P. HADI	
IN(state), andMICHELLE L. BERRY	of HENDRICKS County,
IN (state) were married by me as authorized	d under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 10	
Signed by: /s/ DR. M. D. LANE MINISTER	
	(official designation) 11-7-90
Filed and recorded in accordance with the laws of the State of Indiana of	n(date).
	Signed _ Clerk
AFML/PD 1	HENDRICKS Circuit Court

## 480

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No. <u>57/</u>
File <u>9-28-90</u>
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

T. W. Pae, M. D.

MALE APPLICANT	FEMALE APPLICANT
Name Steam Lee Burges	Name First Middle PLast
Date of Birth Month Day 3 Year 6 9	Date of Birth Mopth Day, 9 Year 9
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.B. City - County State
343 S. Voiltmare Inaple, In 1624/	2069 E 100 D Novaille, In.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes
4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.
and the fall hands of any superiors of the fall of the	
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7. (a) Full name of applicant's
father James tel Dungles	father Nined C. Trader
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Q 7 / /	(b) Full maiden name of emplicant's
mother mary L. Halcomb	mother Vieler & Sempermen TIMBERMA.
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information pearding dangerous communicable diseases / that are sexually transmitted, and a list of the lest sizes for the virus that causes AIDS/(acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrometry 1111 15 11000 Q/20/20	immune deficiency syndrome).
Signature of Applican July Date 1/28/90	Signature of Applicant August Date 9-28-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.  Clerk of Court Date
	State of Indiana ) I swear/affirm that the information given
State of Indiana County of HENDRICKS  ss: I swear/affirm that the information given in the information given gi	County of HENDRICKS ss: in this application is true and correct.
Signed Thum Burgers	Signed Jana Jahadur
New Address 343 S. Bill more	New Address 0343 & Butmou Onaple. On
Subscribed and sworn to before me this 282 day of Cent 19 90	Subscribed and sworn to before me this 28 day of Sect. 19.96
Charle Kausen Clerk of the HENDRICKS Circuit Court	Corrie Kausen Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	state facts which make the consent of the other parent unifocessary
State of Indiana County of State of Indiana HENDRICKS ss:	State of Indiana HENDRICKS ss:
County of	County of)
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of 19	Signed Mother  Subscribed and sworn to before me this day of 19
Clerk	Subscribed and sworm to before me this day or re Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 9-28-90 , authorizing the marriage of	STEVEN LEE BURGESS
dated, authorizing the marriage of	STEVEN LEE BURGESS and
JANA J. RADER	
I further certify that the following marriage certificate was filed in my o	
	on (date), at in
HENDRICKS County, Indiana, STEVEN LEE BU	THE PARTY OF THE P
IN(state), andJANA_J. RADER	of HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 10-	10-90
Signed by: /s/ ANDREW J. SIMKINS , MINIS	TER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	10-10-90 (date).
The Property of Paris, and the Control of the Contr	Signed Minie Housen Clerk
	Signed Clerk

AFML/PD 1

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

ile				
	2.	088C	10-1-	90

512

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Searge Ostkeiner

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Chast	Name First Middle // ) last
Date of Birth Month Day	Date of Birth Month Day Cobar
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City, County State	Residence Address Street or R.R. City County State Paintield
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married  OR
Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify)	De Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗸 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
<ol> <li>Are you related to the female applicant closer than second cousin? No ✓ Yes □</li> <li>Are you now under the influence of an alcoholic beverage? No ✓ Yes □</li> </ol>	2. Are you related to the male applicant closer than second cousin? No Yes □ 3. Are you now under the influence of an alcoholic beverage? No Yes □
4. Are you now under the influence of a narcotic drug? No.57 Yes	4. Are you now under the influence of a narcotic drug? . Not Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children  Residence of mother (if deceased, so state)	of dependent children
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Lerbert Joseph Lagran	7. (a) Full name of applicant's ances Malcont-Olan
Residence of father (if deceased, so state) Alclased	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Carrie Rose. Larper	(b) Full maiden name of applicant's Clarabeth Chiaton Dic
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Lames E. Lagner Date 10ct 90	Signature of Applicant Y gudy & Wacasones Date 10-1-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.
Signed Lames E. Layner	Signed X Ducky K. Waggener
New Address /	Signed Lucy K. Waggoner New Address
Subscribed and sworn to before me this day of 19 90  Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of 19 90  Once favor Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs.	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of HENDRICKS ) ss:
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of	Signed Mother Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	Court, by written order issuedissuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the	WEND WAY
dated, authorizing the marriage of	JAMES E. GAGNON and.
JUDY KAYE WAGGONER  I further certify that the following marriage certificate was filed in my or	
I further certify that the following marriage certificate was filed in my of I,E. D. BUTLER (name), certify that	
MONROE County, Indiana, JAMES E. GAGNON	. 이렇게 되었다면 뭐 가게 그렇게 보면 하루어 되었다. 그 그 경에 가는 아이를 받는 것이 모든 그리고 있다. 생각 그렇게 했다.
IN	
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated10-1	
Signed by: /s/ E. D. BUTLER PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	그는 아이는 그는 그는 그들은 그들은 아이는 그들은 아이를 들었다. 이 생생이 되었다면 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이다.
	Signed Clerk

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 573
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.

MALE APPLICANT	FEMALE APPLICANT
Name Per Middle Burcham	Name Prist Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
70	Residence Address Street or R.R. City County State
Residence Address Street or R.R. City County State Did pb.	- Sene
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married  OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce ℚ Annulment □
Date of birth verified by:   Birth Certificate Q Other (Specify)	Date of birth verified by:   Birth Certificate Q Other (Specify)
Date of birth verified by:	Date of billion verified by.
1. Are you now or have you ever been adjudged to be of unsound mind? No 😿 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 🕱 Yes 🗆
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed?  No □ Yes □
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No X Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?  No □ Yes □  4. Are you now under the influence of a narcotic drug?  No □ Yes □
4. Are you now under the influence of a narcotic drug?	Are you now under the influence of a narcotic drug?  No way Yes U  List the full names of any dependent children.
5. List the full names of any dependent children.	o. List the fall harries of any depondent different
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Research 31	7. (a) Full name of applicant's Maria Maria &
father Presidence of father (if deceased so state) Indian Julian	tather 1200 of the same of the
Trestaerine of father (in deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's
(b) Full maiden name of applicant's Sandra Mukkley	mother such states of approximation and such such such such such such such such
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Hazelingad III
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	Signature of Applicant & ancy Joney Date
Signature of Applicant Applicant Date	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
	State of Indiana ) I swear/affirm that the information given
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss:   I swear/affirm that the information given in this application is true and correct.
4 sh	Signed Manay Jang
Signed Signed	
New Address  Subscribed and sworn to before me this day of	New Address Subscribed and sworn to before me this day of
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
County of	County of)
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of 19
Clerk	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 authorizes and directs the	Court, by written order issued
and filed in, authorizes and directs the	rissuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 10-1.90, authorizing the marriage of	REX M. BURCHAM and
NANCY A. LONG	
I further certify that the following marriage certificate was filed in my o	office:
I, EDWARD C. WHITE (name), certify that	
MARION County, Indiana, REX M. BURCHAM	of HENDRICKS County,
IN (state), and NANCY A. LONG	
보냈다. 내용 열면 가는 보는 경우 하는 것이 하면 가는 것이 하는 것이 없는 것이 없다.	나 마시아마다 '얼마나 아내 왕기의 마시아랑의 왕의 그리고 나는 아내가 나가 되었다면 다니 얼마나 되었다.
[1] [2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	d under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 10-	-6-90
Signed by:/s/ EDWARD C. WHITE, ASST. PASTC	OR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana of	
Thou and recorded in accordance with the laws of the state of indiana of	" (uate).
The same of the state of the same of the s	Signed Connie James Clerk
	HENDRICKS Cimuit Com

\_Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

No		17	
File		-	
Act.	3 19	90	
Ds	te of An	plicatio	n

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Middle Charles Charles	Name First Middle Last Miller
Date of Birth Month, Day 1 Year, 9 + 9	Date of Birth Month Day 19 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of R.R. City County State	Residence Address Street or B.B. City County State
296 W. Cliston Warvell Henry In	296 W. Cleaton St. Danielle, Sn.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce ☑ Annulment □	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by:   Birth Certificate  Other (Specify)   Arthur Mule	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 🗹 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No 🗗 Yes 🗆	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.  Han Blase Charuck	5. List the full names of any dependent children.
	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's teles Chalures	7. (a) Full name of applicant's College
Residence of father (If deceased, so state)  Residence of father (If deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
Residence of mother (if deceased, so state) Langelle In	mother / Mary / Marke / Ages 1
Birthplace of mother (State or foreign country)  Meanly Hell So	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndroma.	immune deficiency syndrome).
Signature of Applicant Tellare Challette Date COT/9/90	Signature of Applicant Lindy & Miller Date Od 3, 19
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
State of Indiana HENDRICKS  ) ss:   I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Belane Charlench	Signed Cridy of Meller
New Address 296 W. Clinton	New Address Samp
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this 3 day of 4, 19 90
Count January Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	State lacts which make the consent of the other parent unrecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ss:
	County of)
SignedFather	Signed Father
Signed Mother Subscribed and sworn to before me this day of 19	Signed Mother
Subscribed and sworn to before me this day of, 19 Clerk	Subscribed and sworn to before me this day 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, authorizes and directs the	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
10/0/0	
dated, authorizing the marriage of	BLANE AARON CHADWICK and
CINDY JO MILLER	
I further certify that the following marriage certificate was filed in my o	ffice:
I,WILLIAM E. MONROE (name), certify that	on 10-12-90 (date), at SULLIVAN in
SULLIVAN County, Indiana, BLANE AARON CHADW	VICK of HENDRICKS County,
IN (state), andIO MILLER	
	under a marriage license that was issued by the Clerk of the Circuit
	0-12-90
Signed by: /s/ WILLIAM E. MONROE MINISTER	
Filed and recorded in accordance with the laws of the State of Indiana on	10-16-90 (date).
	Signed
AFML/PD I	HENDRICKS Circuit Court

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No	575	1
ile .		-
	02 4.01	
- 10 to 3	Date of Application	1

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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. H. Himelstein Traph

MALE APPLICANT	FEMALE APPLICANT
Name Thomas Harry Lindsen I	Name Jerny Lynn Deville
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
204 S. IN St. Hamille IN	+ ane
Previous Marital Status: Never Married S OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: A Birth Certificate  Other (Specify)	Date of birth verified by: □ Sirth Certificate □ Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes 🗆
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No → Yes □	2. Are you related to the male applicant closer than second cousin? No 💫 Yes 🗆
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No Ves	4. Are you now under the influence of a narcotic drug?  No 15. Ves   5. List the full names of any dependent children.
5. List the full names of any dependent children.	o. Lot the tall families of any deposition of the same
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Thomas Harry Linksey I	7. (a) Full name of applicant's Denzil Neville Tr.
Residence of father (if deceased, so state) Senville ID	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Paula Flaine Lindson	(b) Full maiden name of applicant's Parolun Sue Armstrono
Residence of mother (if deceased, so state)  Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Traps In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test after for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 10/4/90	Signature of Applicant X Sanny Peu Ole Date 10/4/90
Signature of Applicant X Monas N. Date 10/4/90	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) Newear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: In this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed & Moulas T. Jan Sky A	Signed & my Revelle
New Address	New Address
Subscribed and sworn to before me this 4 day of 04 1990	Subscribed and sworn to before me this 4 day of 0tt 1990
Conne , Trusa Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	state facts which make the consent of the other parent dimecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County of	County of)
Signed Father	Signed Father
Signed Mother Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENS.	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 10.4.90 , authorizing the marriage of	THOMAS H. LINDSEY II and
JENNY L. NEVILLE	
I further certify that the following marriage certificate was filed in my or	ffice:
I, C. S. CHESEBRAUGH (name), certify that	on10-13-90 (date), atDANVILLE in
HENDRICKS County, Indiana, THOMAS H. LIN	DSEY II of HENDRICKS County,
IN (state), and JENNY L. NEVILLE	of HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 10.	
Signed by: /s/ C. S. CHESEBRAUGH PASTOR	
	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	10-15-90 (date).
	Signed Some Agrees Clerk
AFML/PD I	HENDRICKS Circuit Court

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

NO.				rily.
File	-			
	Oct.	4	1990	
<b>SOFTER S</b>	Date	of An	aliantian	

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

Female

Medical Examination or Report Dated 10/4/90

Name of Physician \_\_\_\_\_\_

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Seat Office	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month, Day, Year,
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married   OR	342 Meadew Rr. # 4 Narwells - In
Last Marriage Ended By: Death Divorce D Annulment	Previous Marital Status: Never Married  OR
A M.	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by:   Birth Certificate Other (Specify)  Munice M
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No  Yes
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed?  No □ Yes □  Are you related to the male applicant closer than second cousin?  No □ Yes □
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No 🗹 Yes 🗆	4. Are you now under the influence of a narcotic drug? No 🗗 Yes 🗆
5. List the full names of any dependent children.	5. List the full names of any dependent children.  Sunduals, Hall Farmer
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's & June 1991	7. (a) Full name of applicant's
Residence of father (if deceased, so state) Clauderd suite In	father Karry L. Walte
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Tay Fills	(b) Full maiden name of applicant's
Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant Joseph allen Statem Date 10/4/90	Signature of Applicant Anauton Payt James Date Oct 4,199
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.  Clerk of Court Date
State of Indiana HENDRICKS ) ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
Signed Stopp aller Shellon	Signed Sharon Kay James
New Address KKI Box 1-C James Town, 11	New Address Same
Subscribed and sworn to before me this day of	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,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana	
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of 19
	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorizes and directs the	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 10-4-90 , authorizing the marriage of	
	JOSEPH SHELTON and
SHARON FARMER  I further certify that the following marriage certificate was filed in my of	office:
I,	
HENDRICKS County, Indiana, JOSEPH SHELTON	
INSHARON FARMER	of BOONE County,  of HENDRICKS County.
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 10-2	
Signed by: _/s/ JOHN STRIFLER , MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	10-23-90
	Signed Clerk
AFM (PD.)	HENDRICKS

AFML/PD 1

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS \_ County Date of Application

Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Middle 4 Last	Name An First Middle. O Vest dan
Date of Birth Month Day 27 Year 68	Date of Birth Month B Day 8 Year 2
Place of Birth (State oxforeign country)	Place of Birth (State-of foreign,country)
Indianapales, In.	Indianapalie, in
Residence Address Street or R.R. City County State State 6174 Nation Ct apt 4 Includes 246224	Residence Address Street or R.B. City Soundy State In.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
	Date of birth verified by: Birth Certificate  Other (Specify)
Date of birth verified by: Birth Certificate  Other (Specify)	Date of birth verified by. Softin Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ / Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ♥ Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Heldon Dellyum	7. (a) Full name of applicant's father rever kelsel Galdon
Residence of father (if deceased, so state) New Palestine, no	Residence of father (if deceased, so state) Wannelle, On
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother Stace Augunal Their	mother Caralyn Jane West
Residence of mother (if deceased, so state) Musicalistine, 5.	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Timelly & Gilliam Date 10-4-90	Signature of Applicant Anta M. Oslas Date 10-4-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
AND AND ASSESSED THROUGH THE PARTY OF THE PA	
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss:   I swear/affirm that the information given in this application is true and correct.
(1984년 ) 1일	
Signed Timothy & Gillim New Address SAME	New Address 120 N Rob 6174 Notion CE #A Inc
Subscribed and sworn to before me this 44 day of Oct 1990	Subscribed and sworn to before me this 4 and day of 0 et 19 96
Cornic Salvan Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of 19
Clerk of the Circuit Court	Clerk of the Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	State lacts which make the consent of the other parent dimecessary
State of Indiana	State of Indiana
County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of
Clerk	Clerk
COMPLETE IE MARPIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	County, Indiana,
dated 18-4-90 , authorizing the marriage of	CIMOTHY JAMES GILLUM and.
ANITA MARIE OALDON	
I further certify that the following marriage certificate was filed in my o	
I, MARY LEE COMER (name), certify that	on (date), at in
HENDRICKS County, Indiana, TIMOTHY JAMES GI	
IN (state), and ANITA MARIE OALDON	of HENDRICKS County,
이 생물들이 살아가 되었다.	I under a marriage license that was issued by the Clerk of the Circuit
(State) were married by me as authorized	
Court of County, Indiana, dated	
Signed by: /s/ MARY LEE COMER JUDGE SUP	CT I HENDRIGHES (besignation)
Filed and recorded in accordance with the laws of the State of Indiana on	10-5-90 (date).
	Signed Clerk Clerk
AFML/PD1	HENDRICKS Circuit Court

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

File 10.4.90
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 Robert Report Dated

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Wichael Middle Reese A	Name Iva First Jan Lewist
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married DOR	Previous Marital Status: Never Married 🖎 OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: Birth Certificate Q Other (Specify)	Date of birth verified by:   Birth Certificate (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes." has the adjudication been removed? No ☐ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □     If answer is "yes," has the adjudication been removed?
If answer is "yes," has the adjudication been removed?  No □ Yes □  No □ Yes □  No □ Yes □	2. Are you related to the male applicant closer than second cousin? No Y Yes
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒, Yes ☐
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No □ Yes □
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Weshard R. Rosse I	7. (a) Full name of applicant's Ruhard & Samuelle
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's tout K. Lox	(b) Full maiden name of applicant's alan Maham
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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  Michael Share Date	I acknowledge that I have received information regarding 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 Date	Signature of Applicant Waylan Hulb Date 10-4-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
	State of Indiana ) I swear/affirm that the information given
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  Signed **Muthad Fluse**	County of HENDRICKS ss: in this application is true and correct.
New Address	New Address
Subscribed and sworn to before me this 4 day of 0th 1990	Subscribed and sworn to before me this 4 day of 0th 1990
Clerk of the HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	
dated 10-4-90 , authorizing the marriage of	AICHAEL L. REESE II and
IVA J. LEWIS	
I further certify that the following marriage certificate was filed in my of I, P. MICHAEL THORNBURG (name), certify that	
HENDRICKS County, Indiana, MICHAEL L. REESH	
	of HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 10-	그리고 있는 그 사람들은 아이들은 그는 사람들은 사람들이 되었다. 그 사람들이 되었다면 하는 것이 되었다면 하는데 그는 것이 없다면 하는데 없다면 없는데 그렇게 되었다면서 그렇게 되었다면서 그렇게 다 살아 없다면 살아 없다면서 그렇게 되었다면서 그렇게
count of county, Indiana, dated to	
	ISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

579 Date of Application

Circuit Court

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

Female 10-5-90 

MALE APPLICANT	FEMALE APPLICANT
Name Joseph Proyone With Doing Id IT	Name A First E Middle Short Short
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or toreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State In.
Previous Marital Status: Never Married Ex. OR	- W production of the state of
	Previous Marital Status: Never Married X OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate  Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🕱 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 💢 Yes 🗆	2. Are you related to the male applicant closer than second cousin?
<ul> <li>3. Are you now under the influence of an alcoholic beverage?</li> <li>4. Are you now under the influence of a narcotic drug?</li> <li>No ☐ Yes ☐</li> </ul>	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No   ✓ yes □  Ves □
4. Are you now under the influence of a narcotic drug?  No  Yes   5. List the full names of any dependent children.	Are you now under the influence of a narcotic drug?      No Yes       List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent childrenResidence of father (if deceased, so state)	of dependent children
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's	Birthplace of mother (State or foreign country)
tather Joseph Ir. I MIDrald	7. (a) Full name of applicant David Phillip Short
Residence of father (if deceased, so state) Langelo ID	Residence of father (if deceased, so state) Coutesville Con-
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Salple In .
(b) Full maiden name of applicant's Colo M. Messe	(b) Full maiden name of applicant's mother Aseshine mother
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Leplo In-
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Inaploids -
ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Horse Brich brokett Date 10.4.90	Signature of Applicant Andrew Stut Date/0-5-90
	7. 8
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS  Signed Monday Management of the Mendagement of the	State of Indiana County of HENDRICKS  Signed Audio Stort  New Address 248 W Marco Apr 3 Danielle  Subscribed and sworn to before me this 4 day of HENDRICKS  Circuit Court
	Clerk of the Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father	County of
Signed Mother	SignedFather
Subscribed and sworn to before me this day of 19	Signed Mother Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 10-4-90 , authorizing the marriage of	JOSEPH G. McDONALD II
	and.
ANDRA E. SHORT	
I further certify that the following marriage certificate was filed in my o	
I,STEVAN W. RANSON (name), certify that	
HENDRICKS County, Indiana, JOSEPH MCDONALD	o- County,
IN (state), andANDRA E. SHORT	of HENDRICKS 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 10-6-	
Signed by: /s/ STEVAN W. RANSON MINISTER	(official designation)
	10-10-90
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed Lane James Clerk
AFML/PD I	HENDRICKS Circuit Court

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

File .	
	10-5-90
	Date of Application

280

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

Female

Medical Examination of Report Dated

Name of Physician

An Agusto

MALE APPLICANT	FEMALE APPLICANT
Name / Name / First ////////////////////////////////////	Name Come First Diploi Middle Bil Kast
Date of Birth Month Day 10 Year	Date of Birth Affahra, Month 30 Day 106 Year
Place of Birth (State or foreign country) Colorado	Place of Birth (State or foreign country) Judiana
Residence Address, Street or B.B. 26 W. Inagero Historicko, In	Residence Address Street Grand W Shake Hundricks In
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce i Annulment □	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)   Description
Date of Birth Verified by.	
1. Are you now or have you ever been adjudged to be of unsound mind? No Z Yes	Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
If answer is "yes," has the adjudication been removed?  No □ Yes □  No □ Yes □  No □ Yes □	2. Are you related to the male applicant closer than second cousin? Now Yes
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List, the full names of any dependent children with 3 400,	5. List the full names of any dependent children. Collaboration 3 400.
power morange imp	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Julier Walker Bulden II	7. (a) Full name of applicant bourt Gerald Kalser
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant senda Lucylle Lucas	(b) Full maiden name of applicants Louise Fuller
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Author State 10-5-90	Signature of Applicant John Belde Date 10-5-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS State of Indiana I swear/affirm that the information given in this application is true and correct.	State of Indiana   I swear/affirm that the information given county of HENDRICKS   Ss:   I swear/affirm that the information given in this application is true and correct.
County of HENDRICAS in this application is true and correct.	
Signed Stull in Grant	Signed & Selder
New Address Subscribed and sworn to before me this 51 hay of Oct, 19 90	Subscribed and sworn to before me this 5th day of DCL 1990
Connu Kauson Clerk of the HENDRICKS Circuit Court	Connel Kaluson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	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 authorizes and directs the	issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
	THE PROPERTY OF THE PROPERTY O
I certify that there was filed in my office a marriage license issued by the	Clerk of the circuit court of county, indiana,
dated 10-5-90, authorizing the marriage of HU	BERT WALKER BELDEN III and
JONI DENISE BELDEN	
I further certify that the following marriage certificate was filed in my o	office:
	on 10-6-90 (date), at INDIANAPOLIS in
	LDEN III of HENDRICKS County,
	N of HENDRICKS County,
1)	I under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 10	
	TEM (official designation)
살이 가지 때문에 이 모든 이번 맛있다면 하는 때문에 가게 되었다면 가지 않는 것이 없어. 중요 하게 되었다.	경계 경기가 하면 되었다. 바람들은 바람들은 사람들은 하고 있는 때문에 가장 있다면 하면 가장 살아 되었다.
Filed and recorded in accordance with the laws of the State of Indiana or	
	Signed Town Town Clerk
AFML/PD 1	HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS \_ County 10-5-90 Date of Application

581

\_\_\_Circuit Court

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

2-12-90 Medical Examination or Report Dated Name of Physician An Poc

MALE APPLICANT	FEMALE APPLICANT
Name Steven First Druglas Schnurger	Name Diana First Kynnin Minner Man
Place of Birth (State or breign country)  A 19643	Date of Birth January 20 Day 19509
France	Place of Birth (State or foreign country) Indiana
Residence Address Street of R.B. Flyd Funduction, In	Residence Address Street of R. R. Byld Furnishing States, an
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by:   Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐  2. Are you related to the male applicant closer than second cousin?  No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No   ✓ Yes □	3. Are you now under the influence of an alcoholic beverage? No
4. Are you now under the influence of a narcotic drug? No the Yes	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children future Nouglas Type, which will be supply the supply of the suppl	5. List the full names of any dependent children. Institutionally Microbian Nicola Municipal Manner (1997)
6. (a) Full name of father	6. (a) Full name of father 23 M
of dependent children	of dependent children
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's harles burnard Schnurpel	7. (a) Full name of applicant's Datton Carroll Minnemou
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's ( ) a Daine Daine D	(b) Full maiden name of applicant's)
mother notice no	mother
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Simples of motion (State of Totalgricounity)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired in the causes AIDS).	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Acut Date 10-5-90	Signature of Applicant Alane Lyna Minners Date 10 5-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS    Section   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss:   I swear/affirm that the information given in this application is true and correct.
Signed & Heve DAN pel	Signed X Dearia Lynn Miniona 1
New Address Same	
Subscribed and sworn to before me this 5 th day of	Subscriped and sworn to before me this 5th day of 0th 1990
Connel Kauson Clerk of the HENDRICKS Circuit Court	Connic Yaursour Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We the parents of this applicant, becapy give consent for this marriage. If any one parent sizes	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana	
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
County	A marriage license having been refused to the above named parties, the  Court, by written order issued
and filed in, authorizes and directs the i	
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 10-5-90 , authorizing the marriage of	TEVEN DOUGLAS SCHNURPEL and
DIANA LYNN MINNEMAN	。 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
I further certify that the following marriage certificate was filed in my of	fice:
I, NEIL M. NORHEIM (name), certify that	
HENDRICKS County, Indiana, STEVEN DOUGLAS SC	county,
	of HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 10-27	-90
Signed by/s/ NEIL M. NORHEIM MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	10-30-90 (date).
	Signed Mine James Clerk
AFML/PD1	HENDRICKS Circuit Court

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

File /0-9-90
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 9-17-90

Name of Physician

Name   First   Middle   Past	Date of Birth   Month   Day   Year
Place of Birth (State or foreign country)  Residence Address   Street or R.R.   City   County   State   County   State   County	Date of Birth
Place of Birth (State or foreign country)  Residence Address   Street or R.R.   City   County   State   Hogsy  Previous Marital Status: Never Married   OR  Last Marriage Ended By:   Death   Divorce   Annulment   Date of birth verified by:   Birth Certificate   Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?   No   Yes   If answer is "yes," has the adjudication been removed?   No   Yes   2. Are you related to the female applicant closer than second cousin?   No   Yes   3. Are you now under the influence of an alcoholic beverage?   No   Yes   4. Are you now under the influence of a narcotic drug?   No   Yes   5. List the full names of any dependent children.   Residence of father (if deceased, so state)	Residence Address Street or B/R City County State  Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes   2. Are you related to the male applicant closer than second cousin? No Yes   3. Are you now under the influence of an alcoholic beverage? No Yes   4. Are you now under the influence of a narcotic drug? No Yes
Besidence Address   Street or R.R.   City   County   State   County   State   County   State   County   County	Residence Address Street or B/R City County State  Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes   2. Are you related to the male applicant closer than second cousin? No Yes   3. Are you now under the influence of an alcoholic beverage? No Yes   4. Are you now under the influence of a narcotic drug? No Yes
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes State Are you now under the influence of a narcotic drug? No Yes State Of the full names of any dependent children.  6. (a) Full name of father of dependent children Residence of father (if deceased, so state)	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes   2. Are you related to the male applicant closer than second cousin? No Yes   3. Are you now under the influence of an alcoholic beverage? No Yes   4. Are you now under the influence of a narcotic drug? No Yes
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes List the full names of any dependent children.  6. (a) Full name of father of dependent children Residence of father (if deceased, so state)	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes   2. Are you related to the male applicant closer than second cousin? No Yes   3. Are you now under the influence of an alcoholic beverage? No Yes   4. Are you now under the influence of a narcotic drug? No Yes
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Death Divorce Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence 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)	Date of birth verified by: Birth Certificate  Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes    2. Are you related to the male applicant closer than second cousin?  No  Yes    3. Are you now under the influence of an alcoholic beverage?  No  Yes    4. Are you now under the influence of a narcotic drug?  No  Yes
Date of birth verified by: Birth Certificate  Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  If answer is "yes,"	Date of birth verified by: Birth Certificate  Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes    2. Are you related to the male applicant closer than second cousin?  No  Yes    3. Are you now under the influence of an alcoholic beverage?  No  Yes    4. Are you now under the influence of a narcotic drug?  No  Yes
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.  6. (a) Full name of father of dependent children  Residence of father (if deceased, so state)	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes □  Yes □  Yes □
If answer is "yes," has the adjudication been removed?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.  6. (a) Full name of father of dependent children  Residence of father (if deceased, so state)	If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes  Yes  Yes  Yes
If answer is "yes," has the adjudication been removed?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.  6. (a) Full name of father of dependent children  Residence of father (if deceased, so state)	2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No ✓ Yes ☐  No ✓ Yes ☐
2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  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)	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No ✓ Yes □  No ✓ Yes □
Are you now under the influence of an alcoholic beverage?  Are you now under the influence of a narcotic drug?  Not Yes   Yes   Not Yes   Not Yes   List the full names of any dependent children.  (a) Full name of father of dependent children  Residence of father (if deceased, so state)	4. Are you now under the influence of a narcotic drug?  No  Yes
4. Are you now under the influence of a narcotic drug?  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)	1. Ale you now allow the inner one of a national of a nati
6. (a) Full name of father of dependent children	5. List the full names of any dependent children.
of dependent children  Residence of father (if deceased, so state)	
of dependent children	
Residence of father (if deceased, so state)	6. (a) Full name of father of dependent children
	Residence of father (if deceased, so state)
Birthplace of father (State of foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's I belief toures. Pormer	7. (a) Full name of applicant's I level to. Lurm
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's ' Man'	(b) Full maiden name of applicant's
mother price / arie Meskam	mother Theling The supe
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 10.5-90	immune deficiency syndrome).  Signature of Applicant  Date 10-5-9
Signature of Applicant	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
	State of Indiana ) I swear/affirm that the information given
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Kein Froman	Signed Solita Van
	THE STATE OF THE POST OF THE PARTY OF THE PA
New Address	New Address day of, 19
Subscribed and sworn to before me this day of 19  Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
Cierk of title Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
County of HENDRICKS	County of)
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the in	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE
	\$7.678.178.188.188.187.188.189.188.189.188.189.188.188.188.188
I certify that there was filed in my office a marriage license issued by the 0	Clerk of the Circuit Court of County, Indiana,
dated 10-2-90 , authorizing the marriage of KEV	VIN E. NORMAN and
TABITHA A. HORN	
I further certify that the following marriage certificate was filed in my of	
I, NONNIE HANCOCK (name), certify that	
JOHNSON County, Indiana, KEVIN E. NORMAN	
	of County
	under a marriage license that was issued by the Clerk of the Circum
IN (state) were married by me as authorized	
HENDRICKS	)_00
Court of HENDRICKS County, Indiana, dated10-9	
HENDDICKS	
Court of HENDRICKS County, Indiana, dated 10-9	(official designation)

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS \_ County

No	5	83	
File _	All the	H	
	10	-5-	90
	Date of A	pplicatio	n

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 10.

MALE APPLICANT	FEMALE APPLICANT
Name Wich acl Shomas Theles	Name Spirst Middle Last Jour
Date of Birth Month Day Year	Date of Birth Month Pay 1965
Place of Birth (State or foreign country)	Place of Birth (State or foreign country). Courter Indiana
Residence Address Street of R.R. City County State	Residence Address Street of B.R. County State
P.O. Box 439 Fittsborn In. 46/67	P.O. Boy 138, Philsboro, S. 76161
Previous Marital Status: Never Married  OR	Previous Marital Status: Never Married OR
ast Marriage Ended By: Death □ Divorce ■ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate  Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
	Are you now or have you ever been adjudged to be of unsound mind? No Yes
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗆	Are you now or have you ever been adjudged to be of unsound filling? No □ Yes □  If answer is "yes," has the adjudication been removed?  No □ Yes □
If answer is "yes," has the adjudication been removed?  No  Yes    Yes	2. Are you related to the male applicant closer than second cousin?
No To You To	3. Are you now under the influence of an alcoholic beverage? No ₽ Yes □
3. Are you now under the influence of an alcoholic beverage?  No □ Yes □  4. Are you now under the influence of a narcotic drug?  No □ Yes □	4. Are you now under the influence of a narcotic drug? No ☐ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	100
6. (a) Foll name of father	6. (a) Full name of father
of dependent children	of dependent children  Residence of father (if deceased, so state)
Residence of father (if deceased, so state)	Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)	(b) Full maiden name of mother
(b) Full maiden name of mother of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicants homes Lerous Muller	7. (a) Full name of applicant homes Hooper Soul
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother Wira Juanita Sweeney	mother white welly storges
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant Applicant Date 0-5-90	Signature of Applicant Alaxx a. Love Date 10/5/20
	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) swear/affirm that the information given	State of Indiana  HENDRICKS  I swear/affirm that the information given  is this application in true and correct
County of HENDRICKS   in this application is fue and correct.	County of
Signed Muchan / Miller	Signed & Shannon a. Sove
New Address SPANE	New Address P.O. Box 439 Puttsbord In 4
Subscribed and sworn to before me this 5th day of	Subscribed and sworn to before me this 5th day of Oct 19 90
Corrue Lauson Clerk of the HENDRICKS Circuit Court	Course Lauson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
	그 선생님이 아무리 마이지를 하는데 하는데 보다 하는데
Signed Mother	Signed Father Signed Mother
Signed Mother Subscribed and sworn to before me this day of, 19	Signed Mother  Subscribed and sworn to before me this day of, 19
Subscribed and sworn to before me this day or 19 Clerk	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	e issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 10-5-90 , authorizing the marriage of	MICHAEL THOMAS MILLER and
SHANNON ADELE LOVE	
I further certify that the following marriage certificate was filed in my	
	t on
HENDRICKS County, Indiana, MICHAEL THOM	ofCounty,
	E of HENDRICKS County,
IN (state), and SHANNON ADELE LOVE	
(state), and	
(state), and IN (state) were married by me as authorized	
IN (state) were married by me as authorized  Court of HENDRICKS County, Indiana, dated 10-	20-90
(state), and IN (state) were married by me as authorized	20-90
IN (state) were married by me as authorized  Court of HENDRICKS County, Indiana, dated 10-	20–90 ER (official designation)
IN (state) were married by me as authorized  Court of HENDRICKS County, Indiana, dated 10-  Signed by: /s/ DAVE KOVALOW ST. JOHN MINIST	20–90 ER (official designation)

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

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 Middle Last	Name First Middle R + Last Co
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	TO a some management of the
residence rollies steel of with the contint state of the	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married   OR	Previous Marital Status: Never Married D OR
Last Marriage Ended By: Death □ Divorce ♣ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 🛱 Yes 🗆
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐  Are you related to the female applicant closer than second cousin?  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?  No □ Yes □  Are you related to the male applicant closer than second cousin?  No □ Yes □
3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No Q Yes 🗆	4. Are you now under the influence of a narcotic drug? No 🖫 Yes 🗆
5. List the full names of any dependent children.	List the full names of any dependent children.
Melisse, Aristin 00	
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's	7 (a) Full name of available (
tather treat topic light	father tather Cusell Elias Rateliff
Residence of father (if deceased, so state) The Manufacture of the state of the sta	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Marian Spaine Marian	(b) Full maiden name of applicant's having Agrica Pule
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant & Terry Type Date 10/5/90	Signature of Applicant Heat Hatcliff Date 10/5/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS SS: I swear/affirm that the information given in this application is true and correct.
	County of HENDRICKS in this application is true and correct.
Signed X Tarry Tippi	Signed Hear Matchiff
New Address  Subscribed and sworn to before me this aday of Date 1980	New Address
Subscribed and sworn to before me this day of 19.00  Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of
	Clerk of the HENDRICAS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	The state of the s
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	County or)
Signed Mother	SignedFather
Subscribed and sworn to before me this day of, 19	Signed Mother Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IS MARRIAGE LIGENSE ISSUED BY ORDER OF COURT	
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County Indiana
	county, indiana,
dated 10-5-90, authorizing the marriage of T	ERRY LEE TIPPIN and
LEAH ANN RATCLIFF	
I further certify that the following marriage certificate was filed in my o	office:
	on 10-25-90 (date), at PLAINFIELD in
HENDRICKS County, Indiana, TERRY LEE TIPPIN	
IN(state), andLEAH ANN RATCLIFF	of HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circui
Court of HENDRICKS County, Indiana, dated 10	
count of county, indiana, dated	
Signed by: /s/ JOHN KESSINGER , MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana or	n 10-29-90 (date).
	Signed Jonnie James Clerk
AFMI (PD )	
AFML/PD 1	HENDRICKS Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license.

### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

585 File

10 - 6 - 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	Female  Medical Examination or Report Dated 10-3-90
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Janus Baker
31-7-3 commits a class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name  First  Shiddle  Middle  Magnabosco  Date of Birth  Month  Place of Birth (State or foreign country)  Place of Birth (State or foreign country)  Residence Address  Street or R.R.  City  County  State  350 M. Cast  St. #203 Pairqueld fr.	Place of Birth (State or foreign country)  Residence Address Street or R.R. City Country State  Place of Birth (State or foreign country)  Residence Address Street or R.R. City Country State
Previous Marital Status: Never Married OR OR 46168	Previous Marital Status: Never Married D OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:     Dirth Certificate   Other (Specify)	Date of birth verified by: Deirth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes   If answer is "yes," has the adjudication been removed? No Yes   2. Are you related to the female applicant closer than second cousin? No Yes   3. Are you now under the influence of an alcoholic beverage? No Yes   4. Are you now under the influence of a narcotic drug? No Yes   5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
Estate for names of any superiodic office of the superiodic office office of the superiodic office office office of the superiodic office o	
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)  7. (a) Full name of applicant's residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's residence of mother (State or foreign country)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	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)  7. (a) Full name of applicant's father  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  Residence of mother (State or foreign country)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the fest sites for the virus that causes AIDS (acquired immune deficiency syndrome)  Signature of Applicant  Date    0-6-90	I acknowledge that I have received information regarding 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 A DAMA KILDLY Date 10-6-90
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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana County of I swear/affirm that the information given in this application is true and correct.  Signed **  New Address 250 N. EAST ST # 203 PLANFIELD  Subscribed and sworn to before me this 6th day of 1990 Hell 68  Corrue County Of the HENDRICKS Circuit County Of the HENDRICKS Circuit County Of the County Of the County Of the HENDRICKS Circuit COUNTY OF THE COUNTY OF	State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed X DOWN & KUSLY  New Address 250 N East Swell \$4503 Plainfield SN 4616 & Subscribed and sworn to before me this Lott day of
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ss:  Signed Father	State of Indiana HENDRICKS ) ss:  Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of 19 Clerk
	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	

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_\_ County, Indiana, dated 10-6-90 , authorizing the marriage of \_\_\_\_\_\_ JOHN BRYAN MAGNABOSCO \_ and DONNA MARIE KERSEY I further certify that the following marriage certificate was filed in my office: 10-27-90 (date), at DANVILLE I, S. V. STILES (name), certify that on \_\_\_

HENDRICKS County, Indiana, JOHN BRYAN MAGNABOSCO \_\_ (state), and \_\_\_ DONNA MARIE KERSEY \_\_\_\_\_ of \_HENDRICKS IN \_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit

HENDRICKS County, Indiana, dated 10-30-90 Court of \_\_\_\_\_ \_\_\_\_ (official designation) Signed by: \_/s/ S. V. STILES

10-30-90 Filed and recorded in accordance with the laws of the State of Indiana on \_ \_ (date).

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

File	
	10-0.00
120	10-9-90
	Date of Application

586

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

MALE APPLICANT	FEMALE APPLICANT
Name Brian First Ear Middle year gent	Name Lathrey First Vacator Middle Vage
Date of Birth Ququot onth 6 Day 19 Year	Date of Birth Lubruary Ag Day Agean 2
Dinne of Birth (State of Service secretar)	Place of Birth (State or foreign country) Constants
Macareo	
Residence Address Streetlor R.R. Judity, County State, In	Residence Address Street or R. R. Judits, County driver, Jan
Previous Marital Status: Never Married D OR	Previous Marital Status: Never Married 🗹 OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: Desirth Certificate Desired Other (Specify)	A STATE OF THE PARTY OF THE PAR
State of Small Formica by.	Date of birth verified by: Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 4 Yes D
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Ves	2. Are you related to the male applicant closer than second cousin? No 🗹 Yes 🗆
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No 🗸 Yes 🗆
4. Are you now under the influence of a narcotic drug? No Vyes	4. Are you now under the influence of a narcotic drug? No and Yes C
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother
Residence of mother (if deceased, so state)	of dependent children  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Thomas Lionas, Ruwaint	7. (a) Full name of applicant's larry Rale Kuth
father therease storage recorded	father
Residence of father (if deceased, so state)  Rightness of father (State or faccion country)	Residence of father (if deceased, so state)
Bit triplace of father (State of foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicance Columnar	(b) Full maiden name of applicant's Ruba Dail Catron
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) — Sudiana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) West Uurainea
	The state of the s
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted and a jist of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	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 10-9-90	Signature of Applicant XXXIII KUZ Date 10-9-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment/because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana    State of Indiana	State of Indiana  HENDRICKS  ) ss: I swear/affirm that the information given
County of her his application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed	Signed Statut LUZ
New Address SAME	New Address SAME
Subscribed and sworn to before me this day of day of 1970	Subscribed and sworn to before me this day of 19_90
Clerk of the HENDRICKS Circuit Court	Couring Raw Som Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	
County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IE MADDIAGE LICENSE ISSUED BY ORDER OF COURT	
County	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 10-9-90 , authorizing the marriage of BRI.	AN EARL NEWGENT and
KATHRYN KRISTINE KUTZ	
THE RESIDENCE OF THE PARTY OF T	
I further certify that the following marriage certificate was filed in my of	
	on 10-13-90 (date), at INDIANAPOLIS in
MARION County, Indiana, BRIAN EARL NEW	
IN (state), and KATHRYN KRISTINE K	UTZ of HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 10.	
obant of	
Signed by: /s/ RICHARD C. EVERTS , MINISTER	10 17 00
Filed and recorded in accordance with the laws of the State of Indiana on	10-17-90 (date).
	CICIA
AFMI /PD I	HENDRICKE

## 496

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No.	907
File	
	10-10-90
-	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 9-19-96

Name of Physician D Hadley M. D.

MALE APPLICANT	FEMALE APPLICANT
Name Philips Middle Thanks	Name ann marce Warner
Date of Birth Month 4 Day Great 5	Date of Birth Month O Day 6 Year 65
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street of B.P. Bity County Date
TORE & Day 84 Menergy T.	1809 Wester Value Married & CB
Previous Marital Status: Never Married OR OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate Other (Specify) Chronic die.	Date of birth verified by:   Birth Certificate to ther (Specify)
	1. Are you now or have you ever been adjudged to be of unsound mind? No V
Are you now or have you ever been adjudged to be of unsound mind? No      Yes □     If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ / Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ✓ Yes □	4. Are you now under the influence of a narcotic drug? No ♥ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother of dependent children
of dependent children	Residence of mother (if deceased, so state)
Residence of mother (If deceased, so state)  Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of apolicant's 0 0 0 . 3/	7. (a) Full name of applicant's
father Carl along hyposogy	father from Michael Walner
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's)
(b) Full maiden name of applicant's mother Transon	mother hailen have lenningsot
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Signature Date 10-10-90	Signature of Applicant Cunty Warner Date 10-10-90
	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana	State of Indiana  I swear/affirm that the information given  I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of in this application is true and correct.
Signed Thelips & Thurston	Signed Chan Minainer
New Address 1804 Black Ock D. Plain trell I	New Address 1809 Black Oak Dr Plainfield
Subscribed and sworn to before me this 10 4 day of Set 1990	Subscribed and sworn to before me this
Cranic Leven Clerk of the HENDRICKS Circuit Court	Consider Lawren Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent differencessary	State lacts which make the consont of the other parent distributions.
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County of HENDRICKS ss:	County of) ss.
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	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 authorizes and directs the	Court, by written order issued
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
11-11-90	
ANN MARIE WARNER	
THE RESERVE OF THE PARTY OF THE	office:
I further certify that the following marriage certificate was filed in my	
I. ROBERT L. WILLIAMS (name), certify that	t on10-20-90 (date), at ST. PATRICK CATHOLIC HIRCH
	t on10-20-90 (date), at ST. PATRICK CATHOLIC in CHURCH HYNDS of County,
I, ROBERT L. WILLIAMS (name), certify that	t on 10-20-90 (date), at ST. PATRICK CATHOLIC CHÜRCH
I, ROBERT L. WILLIAMS (name), certify that HOWARD County, Indiana, PHILIP EDWARD  IN (state), and ANN MARIE WARNER	t on10-20-90 (date), at ST. PATRICK CATHOLIC in CHURCH HYNDS of County,
I, ROBERT L. WILLIAMS (name), certify that HOWARD County, Indiana, PHILIP EDWARD IN (state), and ANN MARIE WARNER IN (state) were married by me as authorized	t on10-20-90
I, ROBERT L. WILLIAMS (name), certify that HOWARD County, Indiana, PHILIP EDWARD  IN (state), and ANN MARIE WARNER  IN (state) were married by me as authorized to the property of HENDRICKS County, Indiana, dated 10	t on10-20-90
I, ROBERT L. WILLIAMS (name), certify that HOWARD County, Indiana, PHILIP EDWARD  IN (state), and ANN MARIE WARNER  IN (state) were married by me as authorized by the state of the North County, Indiana, dated Signed by: /s/ ROBERT L. WILLIAMS PRIEST	t on
I, ROBERT L. WILLIAMS (name), certify that HOWARD County, Indiana, PHILIP EDWARD  IN (state), and ANN MARIE WARNER  IN (state) were married by me as authorized to the property of HENDRICKS County, Indiana, dated 10	t on
I, ROBERT L. WILLIAMS (name), certify that HOWARD County, Indiana, PHILIP EDWARD  IN (state), and ANN MARIE WARNER  IN (state) were married by me as authorized by the state of the North County, Indiana, dated Signed by: /s/ROBERT L. WILLIAMS PRIEST	t on

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

588 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 \_

MALE APPLICANT	FEMALE APPLICANT
Name Toseph Brian D'Neill	Name First Low Whitaker
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
S. Walsta	The state of the s
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County Rd State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married D OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
THE RESERVE AND DESCRIPTION OF THE PARTY OF	Action to Product and Artist to the Control of the
Date of birth verified by: Birth Certificate  Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🔂 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No      Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin?  No Yes □	2. Are you related to the male applicant closer than second cousin? No ☐ Yes □
3. Are you now under the influence of an alcoholic beverage? No   Yes □	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No □ Yes □
5. List the full names of any dependent children. Stephanie Range	5. List the full names of any dependent children.
Typanne Michale	
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (State or foreign country)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
of dependent children	Residence of mother (if deceased, so state)
	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's	7. (a) Full name of applicant's N
7. (a) Full name of applicant's Serving Land O Market	7. (a) Full name of applicant's Pletings India Whitaker
Residence of father (if deceased, so state) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother Tynha Chrabeth das	mother always and Harry
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant X Juph Soff Date D-V-Y	Signature of Applicant X X and Y White to Date 10.
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  Signed New Address  Subscribed and sworm to before me this day of d	State of Indiana County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this day of the state of the
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County or	County of)
SignedFather	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY CROSS OF COLUMN	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
	issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
	THEODOGUE
I certify that there was filed in my office a marriage license issued by the	
10.10.90	
	and.
KANDI L. WHITAKER	
I further certify that the following marriage certificate was filed in my o	office:
	on 10-20-90 (date), at INDIANAPOLIS in
MARION County, Indiana, JOSEH B. O'NEILL IN KANDI L. WHITAKER	of HENDRICKS County,  HENDRICKS County
(state), and	County,
IN (state) were married by me as authorized	d under a marriage license that was issued by the Clerk of the Circuit
	10-20-900
Court of County, Indiana, dated	
Signed by: /s/ MICHAEL A. O'NEILL , MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana or	n 10-24-90 (date).
	Signed lang Jawas Clerk
	Signed Tome Jawas Clerk HENDRICKS Circuit Court

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

No. 589 10-10-90 Date of Application

\_Circuit Court

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

Medical Examination or Report Dated 10-5-90

Name of Physician Preist

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that are sexually transmitted, and all int of the test sites for the virus that causes AIOS (acquired immune deficiency syndromy).  Signature of Applicant  Date (a) (a) (a) (b) (a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	that are sexually transmitted, and a list of the test sites for the virus that causes alDS (acquired immune deficiency syndrome).  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  Date  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  State of Indiana HENDRICKS  Signed  New Address  Subscribed and sworn to before me this day of 19 Signed  Subscribed and sworn to before me this day of 19 Signed  Subscribed and sworn to before me this day of 19 Signed  State of Indiana HENDRICKS  Signed  Signed  Father  Signed  Signed  Signed  Signed  Father  Signed  Signed  Signed  Signed  Signed  Father  Signed  Signe	cable diseases
Signed or of parents of this applicant, hereby give consent for this marriage, if only one parent signs, superties facts which make the consent of the other parent unnecessary.  Signed Superts of Replaced and sworn to before me this	Signature of Applicant  Date Jologo  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  State of Indiana County of HENDRICKS  Signadure of Applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  State of Indiana County of HENDRICKS  Signed  Subscribed and swom to before me this day of law state facts which make the consent of the other parent unnecessary  Subscribed and swom to before me this day of law state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS  Signed  Signed  Father Signed  Subscribed and swom to before me this day of law state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed  Subscribed and swom to before me this day of law state facts which make the consent of the other parent unnecessary  Signed  Subscribed and swom to before me this day of law state facts which make the consent of the other parent unnecessary  Signed  Sig	IDS (acquired
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Date  Clerk of Court  Date  Clerk of Court  Date  Clerk of Court  Date  Clerk of Court  Signed  New Address  Subscribed and secon to before me this  Subscribed and secon to before me this  County of Signed  New Address  Subscribed and secon to before me this  County of Signed  New Address  Subscribed and secon to before me this  County of Signed  County o	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date Date  State of Indiana HENDRICKS  Signed Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed HENDRICKS  Signed HENDRICKS	110196
The above applicant in the application to before me this country of signed which make the consent of the other parent unnecessary  Subscribed and sworn to before me this day of 19.  Country of Signed HENDRICKS   Signed Hendrick Hendr	The above applicant has objected to the solvents of religious beliefs.  Clerk of Court  State of Indiana County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS  Consent of Parents, Parent, Or Guardian  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS  Subscribed and sworn to before me this day of HENDRICKS  Consent of Parents, Parent, Or Guardian  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed  Signed  Father  Signed  Signe	
Control Court   Date   Cert of Cert   Date   Cert of Court   Date   Cert of Court   Date   Cert of Cert of Court   Date   Cert of Court   Date   Cert of Court   Date   Cert of Court   Date   Cert of Cert of Cert of Cert   Date   Cert of Cert of Cert of Cert   Date   Cert of Cert of Cert of Cert of Cert   Date   Cert of Cert of Cert of Cert   Date   Cert of Cert of Cert of Cert of Cert   Date   Cert of Cert	Clerk of Court  Clerk of Court  Clerk of Court  Clerk of Court  County of Signed  New Address  Subscribed and sworn to before me this day of the HENDRICKS  Consent of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS  Subscribed and sworn to before me this day of the HENDRICKS  Consent of Parents, Parent, Or Guardian  We, the parents of this applicant, hereby give consent for this marriage. If only state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed  Signed  Signed  Father  Signed  Subscribed and sworn to before me this day of the other parent unnecessary  State of Indiana HENDRICKS  Signed  Signed  Signed  Signed  Subscribed and sworn to before me this day of the other parent unnecessary  State of Indiana HENDRICKS  Signed  Signed  Subscribed and sworn to before me this day of the other parent unnecessary  State of Indiana HENDRICKS  Signed  Subscribed and sworn to before me this day of this applicant, hereby give consent for this marriage. If only state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed  Subscribed and sworn to before me this day of the other parent unnecessary  State of Indiana HENDRICKS  Signed  Subscribed and sworn to before me this day of the other parent unnecessary  State of Indiana HENDRICKS  Signed	e to the above
State of Indiana HENDRICKS  Signed Mother Signed Mother Signed State of Indiana HENDRICKS  Signed Mother Signed State of Indiana HENDRICKS  Signed Mother Signed Mother Signed Mother Signed Mother Subscribed and sworn to before me this day of 19  Subscribed and sworn to before me this day of 19  Signed Mother Signed Mother Signed Mother Signed Mother Subscribed and sworn to before me this day of 19  Signed Mother Signed Mother Signed Mother Signed Mother Subscribed and sworn to before me this day of 19  Signed Mother Signed Mother Signed Mother Signed Mother Signed Mother Subscribed and sworn to before me this day of 19  Signed Mother Mother Parent Unnecessary Mother Signed Mother Signed Mother Signed Mother Signed Mother Signed Mother Mother Parent Unnecessary Mother Signed Mother Signed Mother Mother Parent Unnecessary Mother Signed Mother Mother Parent Unnecessary Mother Mother Signed Mother Signed Mother Mother Parent Unnecessary Mother Mother Parent Unnecessary Mother Mother Parent Unnecessary Mother Mother Mother Parent Unnecessary Mother	State of Indiana County of Signed New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state for Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Signed Subscribed and sworn to before me this day of state facts which make the consent of the other parent unnecessary State of Indiana County of Signed Signed Signed Signed Subscribed and sworn to before me this day of state facts which make the consent of the other parent unnecessary Signed Subscribed and sworn to before me this day of state facts which make the consent of the other parent unnecessary State of Indiana County of Signed Subscribed and sworn to before me this day of state facts which make the consent of the other parent unnecessary State of Indiana County of Signed Subscribed and sworn to before me this day of signed Subscribed and sworn to before me this day of signed Subscribed and sworn to before me this day of signed Subscribed and sworn to before me this day of signed Subscribed and sworn to before me this day of signed Subscribed and sworn to before me this day of signed Subscribed and sworn to before me this day of signed Subscribed and sworn to before me this day of signed Subscribed and sworn to before me this day of signed Subscribed and sworn to before me this day of signed Subscribed and sworn to before me this day of signed Subscribed and sworn to before me this day of signed Signed Subscribed and sworn to before me this day of signed subscribed and sworn to before me this day of signed subscribed and sworn to before me this day	
State of Indiana HENDRICKS  Signed  Subscribed and sworn to before me this  Signed  Signed  Construct of the HENDRICKS  Clerk of the HENDRICKS  County of HENDRICKS  Signed  Father  Signed  Father  Signed  Father  Signed  Father  Signed  Father  Signed  For the HENDRICKS  Signed  For the HENDRICKS  Signed  For the HENDRICKS  County of HENDRICKS  And the control of the other parent unnecessary  State of Indiana  HENDRICKS  Signed  Father  Signed by the Clerk of the Circuit Court of  HENDRICKS  County, Indiana, dated  10 - 10 - 9 O	Signed  Signed  Signed  Signed  New Address  Subscribed and sworn to before me this  Signed  Consent of Parents, Parent, Or Guardian  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed  Subscribed and sworn to before me this  And of the above name  County of  County  And riving been refused to the above name  County  and filed in  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	-
Signed New Address Subscribed and sworn to before me this day of New Address Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for the other parent unnecessary  State of Indians HENDRICKS  Signed Signed Father  Signed Father  Signed Father  Signed Mother  Subscribed and sworn to before me this Marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indians HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this Marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indians HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19  County of Signed Mother  Subscribed and sworn to before me this day of 19  County of Signed Mother  Subscribed and sworn to before me this day of 19  Cierk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County witten order issued and sworn to before me this day of 19  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Cierk of the Circuit Court of HENDRICKS County, Indiana, dated 10 - 10 - 9 0 authorizing the marriage of LESIJE THOMPSON and HENDRICKS County, Indiana, LESIJE THOMPSON of HENDRICKS County, Indiana, LESIJE THOMPSON of HENDRICKS County, Indiana, LESIJE THOMPSON of HENDRICKS County, Indiana, dated 10 - 19 - 90  Signed by: /s/ CXNTHIA J. SPENCE 1ST DEPUTY CLERK (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 10 - 19 - 90  (date).	Subscribed and sworn to before me this day of Derk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Mother  Signed Signed Mother  Signed Signed Mother  Signed Mother  Signed Signed Mother  Signed Mot	
New Address Subscribed and sworn to before me this	New Address  Subscribed and sworn to before me this	and contoon
New Address Subscribed and sworn to before me this	New Address  Subscribed and sworn to before me this	
Subscribed and swom to before me this	Subscribed and sworn to before me this day of the HENDRICKS Circuit Court  CONSENT OF PARENT, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Mother  Signed Signed Mother  Subscribed and sworn to before me this day of the Description of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Mother  Subscribed and sworn to before me this day of the Description of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Subscribed and sworn to before me this day of the Description of the Other parent unnecessary  State of Indiana HENDRICKS  Signed Subscribed and sworn to before me this day of the Description of the Other parent unnecessary  State of Indiana HENDRICKS  Signed Subscribed and sworn to before me this day of the Description of the Other parent unnecessary  Subscribed and sworn to before me this day of the Description of the Other parent unnecessary  Subscribed and sworn to before me this day of the Description of the Other parent unnecessary  Subscribed and sworn to before me this day of this marriage. If only we, the parents of this applicant, hereby give consent for this marriage. If only we, the parents of this applicant, hereby give consent for this marriage. If only state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Sig	The Part of the
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed	Consent of the Hendricks Circuit Court  Consent of Parents, Parent, Or Guardian  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana Hendricks  Signed Father Signed Mother  Signed Subscribed and sworn to before me this day of 19 Clerk  Complete IF Marriage License Issued By Order Of Court. A marriage license having been refused to the above name and filed in authorizes and directs the issuance of a marriage license to the above named parties.	7
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary.  Signed	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named and filed in authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	_ Circuit Court
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of Unity authorizes and directs the issuance of a marriage license having been refused to the above named parties, the County of HENDRICKS  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, LESLIE THOMPSON of HENDRICKS County, Indiana, JESLIE THOMPSON of HENDRICKS County, Indiana, JESLIE THOMPSON of HENDRICKS County, Indiana, JESLIE THOMPSON of HENDRICKS County, Indiana, dated 10–19–90  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 10–19–90 (date).	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary    State of Indiana   HENDRICKS   Signed   Father   Signed   Signed   Mother   Signed   Subscribed and sworn to before me this   day of   19   Clerk   County   County   County   County   Subscribed and sworn to before me this   day of   19   Clerk   County   Subscribed and sworn to before me this   day of   19   Clerk   County   Subscribed and sworn to before me this   day of   19   Clerk   County   Subscribed and sworn to before me this   day of   19   Clerk   County   Subscribed and sworn to before me this   day of   19   Clerk   County   Subscribed and sworn to before me this   day of   19   County   Subscribed and sworn to before me this   day of   19   County   Subscribed and sworn to defore me this   day of   19   County   Subscribed and sworn to defore me this   day of   19   County   Subscribed and sworn to defore me this   day of   19   County   Subscribed and sworn to defore me this   day of   19   Subscribed and sworn to defore me this   day of   19   Subscribed and sworn to defore me this   day of   19   Subscribed and sworn to defore me this   day of   19   Subscribed and sworn to defore me this   day of   19   Subscribed and sworn to defore me this   day of   19   Subscribed and sworn to defore me this   day of   19   Subscribed and sworn to defore me this   day of   19   Subscribed and sworn to defore me this   day of   19   Subscribed and sworn to defore me this   day of   19   Subscribed and sworn to defore me this   day of   19   Subscribed and sworn to defore me this   day of   19   Subscribed and sworn to defore me this   day of   19   Subscribed and sworn to defore me this   day of   19   Subscribed and sworn to defore me this   day of   day	N. 195 B
State of Indiana HENDRICKS   Sax:    Signed	State of Indiana HENDRICKS  Signed Father Signed Mother Subscribed and sworn to before me this day of Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named and filed in authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	ne parent signs,
Silate of Indiana County of Signed Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 County County October Mother Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 County Authorizes and directs the issuance of a marriage license to the above named parties, the County that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, Authorizing the marriage of LESLIE THOMPSON and KELLY RENE' REYNOLDS  If further certify that the following marriage certificate was filed in my office:  I, CYNTHIA J. SPENCE (name), certify that on 10-19-90 (date), at DANVILLE in HENDRICKS County, Indiana, LESLIE THOMPSON of HENDRICKS County, Indiana, dated 10-19-90 (date), at DANVILLE in HENDRICKS County, Indiana, dated 10-19-90 (date), at DANVILLE In HENDRICKS County, Indiana, dated 10-19-90 (date), at DANVILLE In HENDRICKS County, Indiana, dated 10-19-90 (date), at DANVILLE IN HENDRICKS County, Indiana, dated 10-19-90 (date), at DANVILLE IN HENDRICKS County, Indiana, dated 10-19-90 (date), at DANVILLE IN HENDRICKS County, Indiana, dated 10-19-90 (date), at DANVILLE IN HENDRICKS County, Indiana, dated 10-19-90 (date).	State of Indiana HENDRICKS   Ss:    Signed	
Signed Si	County of	
Signed Si	County of	
Signed	Signed	
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of 19	Father
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  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 / 0 / 0 authorizing the marriage of LESLIE THOMPSON and KELLY RENE' REYNOLDS  If urther certify that the following marriage certificate was filed in my office:  I, CYNTHIA J. SPENCE	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above name County County authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	Mother
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  Court, by written order issued  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  KELLY RENE REYNOLDS  I further certify that the following marriage certificate was filed in my office:  I, CYNTHIA J. SPENCE (name), certify that on 10-19-90 (date), at DANVILLE in  HENDRICKS County, Indiana, LESLIE THOMPSON of HENDRICKS County,  IN (state), and KELLY RENE' REYNOLDS 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 10-19-90  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 10-19-90 (date).	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above name County County written order issued authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, and KELLY RENE' REYNOLDS  I further certify that the following marriage certificate was filed in my office:  I, CYNTHIA J. SPENCE (name), certify that on 10–19–90 (date), at DANVILLE in HENDRICKS County, Indiana, LESLIE THOMPSON of HENDRICKS County, Indiana, LESLIE THOMPSON of HENDRICKS County, Indiana, LESLIE THOMPSON of HENDRICKS County, Indiana, dated 10–19–90  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 10–19–90 (date).	and filed in authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	Clerk
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, and KELLY RENE' REYNOLDS  I further certify that the following marriage certificate was filed in my office:  I, CYNTHIA J. SPENCE (name), certify that on 10–19–90 (date), at DANVILLE in HENDRICKS County, Indiana, LESLIE THOMPSON of HENDRICKS County, Indiana, LESLIE THOMPSON of HENDRICKS County, Indiana, LESLIE THOMPSON of HENDRICKS County, Indiana, dated 10–19–90  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 10–19–90 (date).	and filed in authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	parties, the
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-10-90 , authorizing the marriage of LESLIE THOMPSON and KELLY RENE' REYNOLDS  I further certify that the following marriage certificate was filed in my office:  I, CYNTHIA J. SPENCE (name), certify that on 10-19-90 (date), at DANVILLE in HENDRICKS County, Indiana, LESLIE THOMPSON of HENDRICKS County, Indiana, LESLIE THOMPSON of HENDRICKS County, Indiana, dated 10-19-90 (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-19-90 (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 10-19-90 (date).	and filed in authorizes and directs the issuance of a marriage license to the above harlest parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-10-90 authorizing the marriage of LESLIE THOMPSON and KELLY RENE' REYNOLDS  I further certify that the following marriage certificate was filed in my office:  I, CYNTHIA J. SPENCE (name), certify that on 10-19-90 (date), at DANVILLE in HENDRICKS County, Indiana, LESLIE THOMPSON of HENDRICKS County, Indiana, KELLY RENE' REYNOLDS of HENDRICKS County, Indiana, dated 10-19-90  IN (state), and KELLY RENE' REYNOLDS of HENDRICKS County, Indiana, dated 10-19-90  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 10-19-90 (date).	RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of		No. of Contract of
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of    dated   /0 - /0 - 9	HENDRICKS CO.	
dated 10 - 10 - 90 authorizing the marriage of LESLIE THOMPSON and  KELLY RENE' REYNOLDS  I further certify that the following marriage certificate was filed in my office:  I, CYNTHIA J. SPENCE (name), certify that on 10-19-90 (date), at DANVILLE in HENDRICKS County, Indiana, LESLIE THOMPSON of HENDRICKS County,  IN (state), and KELLY RENE' REYNOLDS 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 10-19-90  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 10-19-90 (date).	I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	ty, Indiana,
KELLY RENE' REYNOLDS  I further certify that the following marriage certificate was filed in my office:  I,CYNTHIA_J SPENCE	10 - 10 - 90 authorizing the marriage of LESLIE THOMPSON	and.
I further certify that the following marriage certificate was filed in my office:  I,CYNTHIA_JSPENCE		
I,CYNTHIA_JSPENCE	KELLY RENE' REYNOLDS	
I,CYNTHIA_JSPENCE	I further certify that the following marriage certificate was filed in my office:	
HENDRICKS County, Indiana, LESLIE THOMPSON of HENDRICKS County,  IN (state), and KELLY RENE' REYNOLDS 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 10-19-90  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 10-19-90 (date).	I CYNTHIA J. SPENCE (name), certify that on 10-19-90 (date), at DANVILLE	in
IN (state), and KELLY RENE' REYNOLDS 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 10-19-90  Signed by: /s/ CYNTHIA J. SPENCE IST DEPUTY CLERK (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 10-19-90 (date).	HENDRICKS County Indiana LESLIE THOMPSON of HENDRICKS	County,
IN (state), and Kerrity Reine. Reine		
Court of	IN(state), andKFIJILY REINC. NETHODIES	
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 10-19-90 (date).	IN (state) were married by me as authorized under a marriage license that was issued by the Clerk	the Circuit
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 10-19-90 (date).	Court of HENDRICKS County, Indiana, dated10-19-90	
Filed and recorded in accordance with the laws of the State of Indiana on	(-/ CVANILITA I CDENCE IST DEPITY CLERK	
Filed and recorded in accordance with the laws of the State of International	Signed by.	
Signed Muse Muse Clerk	Filed and recorded in accordance with the laws of the State of Indiana on (date). (date).	
THE HILL WAS A STATE OF THE STA	Signed Torne Town	Clerk

\_Circuit Court

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

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	FEMALE APPLICANT
Name Robert Middle Loffast	Name Angeline Middle Last King
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
538 Endry Que apt 7 Bring	10581 D. It. Na. 3702 12, grand
Previous Marital Status: Never Married A OR	Previous Marital Status: Never Married TO OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate  Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🏂 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 🛱 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No Ø Yes □
3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☼ Yes □
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No Ď Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Jordan Harman Pollen	7. (a) Full name of applicant's Morald D. Luncker
James - Total	212
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's <	(b) Full maiden name of applicant's
mother Die Broth	mother Danie, Jo Dinge
Residence of mother (if deceased, so state) Matchell to	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Rd D. CH-fus Date 10-10-90	Signature of Applicant Applicant G Sting Cooke 10-10-91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
	0
Signed X Kolout D. Coffee New Address 538 ENDERLY	New Address 538 Endely aug 27 Brown
Subscribed and sworn to before me this 10 th day of 0 et 1990	Subscribed and sworn to before me this 10 the day of Set 19 90
Subscribed and sworn to before the this 70 day of	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father Signed Mother	SignedFather
Signed Mother Subscribed and sworn to before me this day of, 19	Signed Mother Subscribed and sworn to before me this day of, 19
Clerk	Subscribed and sworn to before me this day of 19 Clerk
COMPLETE IS MADDIAGE MODIFICATION OF COMPLETE	
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
H	
dated 10-10-90, authorizing the marriage of	ROBERT DALE COFFEY and
ANGELINA ANNETTE LUMPKIN	
I further certify that the following marriage certificate was filed in my o	office:
	on10-20-90
HENDRICKS County, Indiana, ROBERT DALE COFF	
	LUMPKIN of HENDRICKS County,
(State) were married by me as authorized	d under a marriage license that was issued by the Clerk of the Circui
court of county, maintain, dated	
Signed by: /s/ CHARLES E. CHESTNUT , PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana or	n 10-22-90 (date).
	Signed Lanne James Clerk
AFML/PD 1	HENDRICKS Circuit Cou

AFML/PD 1

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

10-11-90

Date of Application

HENDRICKS

\_Circuit Court

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

Female

Medical Examination or Report Dated 10-3-90

Name of Physician 5. Hamuik, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name First 4 Middle Past	Name amanda Middle Last ensley
Date of Birth Month L Day 2 a Year 6 3	Date of Birth Month 12 Day 2 Year 70
Place of Birth (State or foreign country)	Place of Birth (State or forejen-country)
Residence Address Street or R.R. City County State	Residence Address Steet or R.R. City County State
415 n Mareland St. Inhplant.	195 A. R. 450 E. Nanaelle, In
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate Cother (Specify) Divais Lig.	Date of birth verified by: Birth Certificate  Other (Specify)
Date of birth verified by:	
1. Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No Ves a
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ✓ Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	6 (a) Full game of father
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father Salastone Ray	7. (a) Full name of applicant's lengene Newsley
Residence of father (if deceased, so state) Interpolation	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother and an Nardon	mother gry una customer
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
LOVANOW FROMENT	ACKNOWLEDGMENT
ACKNOWLEDGMENT	I acknowledge that I have received information regarding dangerous communicable diseases
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant James L. Ray Date 10/11/90	Signature of Applicant Manda Journal Date 10-11-90
Signature of Applicant Date 1911 10	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.  Clerk of Court  Date
Clerk of Court Date	Clerk of Court
State of Indiana County of HENDRICKS ) ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
	0001117 01
Signed James J. Kay	signed manda Hensley
New Address Some	New Address 415 N. More land Ind. Lr.
Subscribed and sworn to before me this _// day of OCT	Subscribed and sworn to before me this day of October 19 90
Cornie Lauren Clerk of the HENDRICKS Circuit Court	Connice Lawrencelerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	이 교통 이번 이 전에 되었다고 있다면 하는 것이라면 하는 것이 없었다. 이 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들이 되었다.
Signed Father Signed Mother	SignedFather
Signed Mother Subscribed and sworn to before me this day of, 19	Signed Mother
Subscribed and sworn to before me this day of, 19 Clerk	Subscribed and sworn to before me this day 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 Gounty authorizes and directs the	Court, by written order issuede issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
10 11 00	
dated 10-11-90, authorizing the marriage of	JAMES GORDON RAY and
AMANDA DAWN HENSLEY	
I further certify that the following marriage certificate was filed in my o	office:
I,	
TALES COPPOSE	MARTON
County, Indiana,	LEN HENDDICKS
IN (state), and AMANDA DAWN HENS.	of HENDRICKS County,
IN (state) were married by me as authorized	d under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 1	0-20-90
	10 22 00
Filed and recorded in accordance with the laws of the State of Indiana of	n 10-23-90 (date).
	Signed Trans James Clerk
	Clerk

\_Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

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 Muchael S.

File

MALE APPLICANT	FEMALE APPLICANT
Name Daniel Middle Wastern	Name Prist Middle Mast
Date of Birth Month Day Year	Date of Birth Month Day 19.59 19.59
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.B. City County State
- 110 E. Franklin St. Cet 12, Drawsburg	531 D. Drew St. Brownsburg
Previous Marital Status: Never Married (L) OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)	Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No (1) Yes	1 Are you now or have you give been adjudged to be of unequal to be
If answer is "yes," has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind?     No Yes      If answer is "yes," has the adjudication been removed?     No Yes
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No 🗅 Yes 🗆	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Ves
5. List the full names of any dependent children.	5. List the full names of any dependent childreng
rone	NONE
6. (a) Full-name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (If deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's	Pifthplace of mother (State or foreign country)  7. (a) Full name of applicant's
father Serala Dan Walters	father John Robert I hompson
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Settly To Hockwell	(b) Full maiden name of applicant's mother Donna Gene Cox
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant David D. Walter Date 10-11-90	Signature of Applicant Sommy L. Shompson Date 20-11-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ) ss: in this application is true and correct.	County of HENDRICKS ) ss: In this application is true and correct.
Signed Harrie D. Walter	signed Lammy L. Thompson
New Address X 110 E. Franklin St.	New Address XIIO E Franklin
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	SignedFather
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the i	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
	DANIEL DEAN WALTERS and
TAMMY LYNN THOMPSON	
I further certify that the following marriage certificate was filed in my of	
I, STEVEN T. REEVES (name), certify that	
HENDRICKS County, Indiana, DANIEL DEAN WAL	
IN (state), and TAMMY LYNN THOMPSO	
IN (state) were 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-	
Signed by: /s/ STEVEN T. REEVES , PASTOR	
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed Lange Kausen Clerk
AFML/PD I	
	HENDRICKS Circuit Court

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

File 10-15-90
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 

Name 1. Hunkle

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Hast Son	Name Paula Middle Morgan
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married & OR	AR. 1 POBOX 2411 System IN
A STATE OF THE OWNER, THE PARTY OF THE OWNER, THE OWNER	Previous Marital Status: Never Married B OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   ☐ Birth Certificate ☐ Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? Nove Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 🕱 Yes 🗆
If answer is "yes," has the adjudication been removed?  No  Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No W Yes
Are you related to the female applicant closer than second cousin? No      Yes □     Are you now under the influence of an alcoholic beverage? No      Yes □	2. Are you related to the male applicant closer than second cousin? No ✓ Yes ☐  3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes □	4. Are you now under the influence of a narcotic drug? No 🗘 Yes 🗆
5. List the full names of any dependent children.	5. List the full names of any dependent children. A change branch
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Dow E. Ouderson	7. (a) Full name of applicant's Soul Morgan
Residence of father (if deceased, so state) Springfield To	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Kentucky	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's extreme Minton	(b) Full maiden name of applicant's Resenance December
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)?	I acknowledge that I have received information regarding 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 Lyames Undown Date	Signature of Applicant Daulam Molgan Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.  Clerk of Court Date
State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
signed & James anderson	signed Faula M. Mogan
New Address	New Address
Subscribed and sworn to before me this \\ \sigma_5 \text{ day of } \( \text{ day of } \)	Subscribed and sworn to before me this 15 day of 000 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	Court, by written order issuedissuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the	HE CONTROL (HE NOTE OF CONTROL HE N
dated 10-15-90, authorizing the marriage of	JAMES E. ANDERSON and
PAULA M. MORGAN	
I further certify that the following marriage certificate was filed in my of	
I,JAMES A. KILGORE (name), certify that	on10-20-90
HENDRICKS County, Indiana, JAMES E. ANDERSON	of BOONE County,
IN (state), and PAULA M. MORG	county,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 10-	15-90
Signed by: /s/ JAMES A. KILGORE , MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	10-23-90 (date).
	Signed Some James Clerk
	Clerk

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

10 - 15 - 96
Date of Application

594

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

Female

Medical Examination or Report Dated 10-9-96

Name of Physician Land Haggard

HENDRICKS

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Cartel Middle Last  Date of Birth Month Day Year	Name Peggy Sue Beasley  Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address , Street of R.R. , City County State .	Residence Address Street or R.B. City County State
132 S. Rd 450 E., Marville In.	133 S. Kd. 450 E. Danulle
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves	1. Are you now or have you ever been adjudged to be of unsound mind? No  Yes
If answer is "yes," has the adjudication been removed?  No Pes D  Yes D  Are you related to the female applicant closer than second cousin?  No Pes D	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes   Yes
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐  3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No → Yes □
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children Navil Ravid Into	of dependent children  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother Ating Physicattle Dunille.	(b) Full maiden name of mother
Residence of mother (if deceased, so state)	of dependent children  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Pobert Eugene Jinks Sv.	7. (a) Full name of applicant's father Charles Dean Beaslup
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Betty Jane Shaemake	(b) Full maiden name of applicant's mother Caralyne Edith Riderers
Residence of mother (if deceased, so state) Sucare	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Charles Date X 10 -15-90	Signature of Applicant Applicant Date X 10-15
	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date / 10 -15 -90	Clerk of Court Date
State of Indiana HENDRICKS   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  ss: I swear/affirm that the information given in this application is true and correct.
signed Lanial Jinks	Signed X HEGGY V. Hasley
New Address X Same	Now Address X DDD
Subscribed and sworn to before me this 15th day of Oct 19 90	Subscribed and sworn to before me this 15th day of Uct 1990
Court Court Clerk of the HENDRICKS Circuit Court	Connect aues of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County or	County of HENDRICKS ss:
Signed Father	SignedFather
Signed Mother Subscribed and sworn to before me this day of, 19	Signed Mother Subscribed and sworn to before me this day of 19
Clerk	Subscribed and sworn to before me this day of re Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	
	Clerk of the circuit court of County, marana,
dated, authorizing the marriage of	DANIEL DAVID JINKS and
PECGY SUE BEASLEY	
I further certify that the following marriage certificate was filed in my of the control of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certificate was filed	
HENDRICKS County, Indiana, DANIEL DAVID JIN IN (state), and PEGGY SUE BEASLEY	of HENDRICKS County
Thi	d under a marriage license that was issued by the Clerk of the Circuit
	0-20-90
Signed by: /s/ C. GLEN BURNSIDE MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana of	10.25.00
Thet and recorded in accordance with the laws of the state of indiana of	(date).
	Signed Land Question Clerk

AFML/PD 1

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

| 10 - 15 - 90 | Date of Application |

595

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Michael Mully, M. 4.

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Date of Birth March 18. Day 195 9 Year	Date of Birth Lecenber 8 1961
Residence Address Street of R.R. City County State  103 W. Mr. Morth Salem Sh. 46165	Place of Birth (State or foreign country)  Residence Address Street or R.R. City County' State  103 W. Street Salem 46165
Previous Marital Status: Never Married 🔼 OR	Previous Marital Status: Never Married  OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Devorce Annulment
Date of birth verified by:   Birth Certificate Other (Specify)  Liveragicans	Date of birth verified by:   Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🕒 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Ves   Yes
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No   ✓ Yes □
4. Are you now under the influence of a narcotic drug?  No	4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children Donnald Gragory
S. Elst the full halfles of any dependent children.	Johnston, Ir. & Matthew Rechard Johnst
6. (a) Full name of father of dependent children	6. (a) Full name of father Donald Gregory Johnston S
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of mother	Birthplace of father (State or foreign country)
of dependent children	of dependent children Laura Lynn Stewart
Residence of mother (if deceased, so state)  Birthprace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
7. (a) Full name of applicants harles Ylarris	7. (a) Full name of applicant's
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's they aileen Putnams	(b) Full maiden name of applicant's Hay Laiser
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Thickigan
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant X Amus C. Famis Date X 10-15-90	Signature of Applicant & Aurah ynn hastonate × 10-15-
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
signed & Thomas C. Harris	Signed Xalla Lynn Thiston
New Address & Jame Subscribed and sworn to before me this 15th day of October 19 90	New Address & Same Subscribed and sworn to before me this 15th day of 10ct. 19 90
Conne & auson Clerk of the HENDRICKS Circuit Court	Cornel aust Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of, 19	Signed Mother Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in, authorizes and directs the	
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	
dated 10-15-90, authorizing the marriage of	THOMAS CHARLES HARRIS and
LAURA LYNN JOHNSTON	
I further certify that the following marriage certificate was filed in my o	ffice:  on10-20-90 (date), atNORTH_SALEM in
HEDNRICKS County, Indiana, THOMAS CHARLES I	HARRIS of HENDRICKS County,
IN(state), and LAURA LYNN JOHNS:	
	under a marriage license that was issued by the Clerk of the Circuit
	-23-90
Signed by: /s/ ROLAN D. PHILLIP JR. MINISTE	ER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	10-23-90 (date).
	Signed Janus Janson Clerk

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

File 10-15-90
Date of Application

594

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

Female

Medical Examination or Report Dated 10-12-90

Name of Physician 10-12-90

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Serist Middle Past	Name / First Middle -/ Last
Date of Birth Month Day 1946	Date of Birth Month Day Year 7
ace of Birth (State or foreign country)	Place of Birth (State of foreign country)
esidence Address Street or R.R. Pity County A State	Residence Address Street or R.R. City County State,
1379 W. 400D. Nanville In-	4379 W. 400D. Wanville In.
revious Marital Status: Never Married  OR	Previous Marital Status: Never Married OR
ast Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce ★ Annulment □
ate of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Nouvers Fuc.
. Are you now or have you ever been adjudged to be of unsound mind? No 129 Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes □
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
. Are you related to the female applicant closer than second cousin? No地 Yes □	2. Are you related to the male applicant closer than second cousin? No∠E Yes □ 3. Are you now under the influence of an alcoholic beverage? No 🗷 Yes □
. Are you now under the influence of an alcoholic beverage? No ≯ Yes □ . Are you now under the influence of a narcotic drug? No ≯ Yes □	4. Are you now under the influence of a narcotic drug? No ≥ Yes □
. List the full names of any dependent children	List the full names of any dependent children.
Jennifer Brejant	
of dependent children	(a) Full name of father     of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother of dependent children
of dependent children	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
(a) Full name of applicant's	7. (a) Full name of appureant's
tather Clifford D. Dryant	father Cauvan C. Cultivariation of father (if deceased so state) And And
Birthplace of father (State or foreign country) Mussevelle In-	Birthplace of father (State or foreign country)
(b) Full maiden name of and licant's	(b) Full maiden name/of applicant's . 71 10
mother tel Pounts	mother Virginia N. Wart
Residence of mother (if deceased, so state)	nesidence of motifer (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  HENDRICKS  I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss:   I swear/affirm that the information give in this application is true and correct.
000111) 01	
* Signed Jarry D. Bryant	New Address 43179 W 400 8, Warville, In
New Address	Subscribed and sworn to before me this 15 day of Oct 19 90
clerk of the HENDRICKS Circuit Court	Chance Sawson Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Fathe
Signed Mother	Signed Mothe
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of, 19
Clerk	Cler
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 LICENS	E AND MARRIAGE CERTIFICATE
I 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	LARRY D. BRYANT and
JEANNE K. HUTCHISON	
I further certify that the following marriage certificate was filed in my o	10 00 00
I,	
	of HENDRICKS County
IN(state), andJEANNE HUTCHISO	N Of HENDRICKS County
	d under a marriage license that was issued by the Clerk of the Circu
Court of HENDRICKS County, Indiana, dated 10	-20-90
Signed by: /s/ JOHN H. HESSELDENZ JUDGE MARI	ON CO. (official designation)
Filed and recorded in accordance with the laws of the State of Indiana of	ALL CLAIMS COURT
r neu and recorded in accordance with the laws of the state of Indiana of	
	Signed Music Jawan Cler

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No.	597
File	

10 - 15 - 90 Date of Application

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Palvick

MALE APPLICANT	FEMALE APPLICANT
Name P First Middle . Last	Name Patrist Middle Last Savison
Date of Birth Month Day Year	Date of Birth Amonth Day Year
June 20, 1952	Place of Birth (State or foreign country)
Place of Birth (State of foreign country) Lollaron Boore Co. Indiana	Indianapoles Marion Co. In.
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
79000	Previous Marital Status: Never Married   OR
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce  Annulment □	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by:   Birth Certificate  Other (Specify)  Lluwbuschie	Date of birth verified by:   Birth Certificate   Other (Specify)   Druvers Greense
1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Tyes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
100	100
6. (a) Full name of father	6. (a) Full name of father of dependent children
of dependent children	
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother of dependent children
of dependent children	Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	
(a) Full name of applicant lover yorald Holloway	7. (a) Full name of applicant's father Lussell Seller
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother Vera Delle Flagal	mother Tharfore Sern Darres
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding 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 10/15/90	Signature of Applicant Atricia Kay Larrison Date 10-15-90
	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
100	signed & Patricia K Lavison
Signed & The all the signed to	New Address 2 1235 B Mortlpoint Dr. In 46/5
New Address SAME	Subscribed and sworn to before me this 15th day of Lot., 19 90
Subscribed and sworn to before me this 5th day of October 1990	Subscribed and sworn to before me this day of HENDRICKS
Cornie Tourson Clerk of the HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ss:
County of	County of
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
The state of the s	A
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	sissuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
교통 (1991년 2월 1일 1일 일본 ) 전 경기 전에 다른 사람들은 사람들이 되었다. 그렇게 되었다.	
dated 10-15-90 , authorizing the marriage of	ROSS OTHANIEL HOLLOWAY and
PATRICIA KAY LARRISON	
I fourthern countify that the following an emigracy countificate was the distance	office:
I further certify that the following marriage certificate was filed in my o	
마이트를 하고 있다면 다른 사람들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이	t on 10-20-90 (date), at AVON in
HENDRICKS County, Indiana, ROSS OTHANIEL HO	
IN (state), and PATRICIA K. LARRIS	
	d under a marriage license that was issued by the Clerk of the Circuit
HENDRICKS	
court of	10-20-90
Signed by: /s/ JOAN GRAY MORGAN CO	OUNTY CLERK(official designation)
	10_24_90
Filed and recorded in accordance with the laws of the State of Indiana o	n (date).
	Signed
APM (D)	HENDRICKS Circuit Court

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

ile .	
	10 20 00
	Date of Application

598

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

No.

MALE APPLICANT	FEMALE APPLICANT
Name / First Middle Last	Name Brist Middle L Last Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Provious Marital Status, Never Married TV OB	945 C. Frewood Dr. Glanfield In
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: D Birth Certificate Other (Specify)	Date of birth verified by:
1. Are you now or have you ever been adjudged to be of unsound mind? No	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? Notify Yes	2. Are you related to the male applicant closer than second cousin? Yes
<ul> <li>3. Are you now under the influence of an alcoholic beverage? No√ Yes □</li> <li>4. Are you now under the influence of a narcotic drug? No√ Yes □</li> </ul>	Are you now under the influence of an alcoholic beverage?      No Yes I      Are you now under the influence of a narcotic drug?      No Yes I      Yes I
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No. If Yes I Ye
	THE PARTY OF THE P
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children Daxw Quae. Flage
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother
Residence of mother (if deceased, so state)	of dependent children  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Lalia & M. Boles	7. (a) Full name of applicant's
Residence of father (if deceased, so state)	father Mary Jarobe Flaker
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's Inti-
mother	mother Tarricia Hary MCD
Birthplace of mother (State or foreign country)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	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
Signature of Applicant Signature of Applicant Pate	immune deficiency syndrome).
Signature of Applicant full flef about Date	Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	
County of HENDRICKS ) ss: in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information giver in this application is true and correct.
Signed / inter fee fel	Signed Bridget Michele Flakerty
New Address 612 Hanley ST. aln.	New Address 6/2 Hanley Street Clainfield &
Subscribed and sworn to before me this 15 day of 000 1990	Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
Catalonist make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of HENDRICKS ) ss:
Signed Father	Signed Fathe
Signed Mother	Signed Mothe
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of 19
Control of the Contro	Cleri
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, authorizes and directs the	issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
	HENDRICKS
I certify that there was filed in my office a marriage license issued by the	
dated 10-15-90 , authorizing the marriage of CUR	T LEE EAKER and
BRIDGET MICHELE FLAHERTY	
I further certify that the following marriage certificate was filed in my of	ffice:
I, DAVID J. GIBSON (name), certify that	on10-20-90 (date), at INDIANAPOLIS in
MARICN County, Indiana, CURT LEE FAKE	R of MARION County,
IN(state), andBRIDGET MICHELE I	FLAHERTY 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 10-15-	
Signed by:/s/ DAVID J. GIBSON,MINISTER.	
	11-700
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Lannie fourth Clerk
AFML/PD1	HENDRICKS Circuit Court

### 508

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS Co

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

Stephen

Seeagu

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Asst	Name / First Middle fast bitt
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. , City / County State	Residence Address Street or R.R. City County State
270 avon ave. I langueld In	270 Wor We, I lainfield on
Previous Marital Status: Never Married OR OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:	Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No/ Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No 🗵 Yes 🗆
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No   Yes □  List the full names of any dependent children.  No   Yes □	4. Are you now under the influence of a narcotic drug?  Ng Yes   5. List the full names of any dependent children.  **Torre**  **To
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Larold pe frest	7. (a) Full name of applicant's fallent fusell Balif
Residence of father (If deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Mildred Crafish	(b) Full maiden name of applicant's Jamela Bean (1) or
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency synd(ome).
Signature of Applicant X John / 12 Date 10-15-90	Signature of Applicant Scacce // Millett Date 10/15/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS  ss: swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.
signed & Statem Tours	Signed Appeier J. Ballutt
Signed X John / wwX  New Address Same	New Address Same
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of 19
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	Chate of Indiana
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
	TOHN DAVID TIDENTI
dated, authorizing the marriage of	
TRACIE JENE BABBITT	
I further certify that the following marriage certificate was filed in my o	ffice:
I,JOHN P. ROOF (name), certify that	on 11-3-90 (date), atDANVILLE in
HENDRICKS County, Indiana, JOHN DAVID TRE	
IN(state), andTRACIE JENE' BAB	
IN (state) were 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	
	PRIEST (official designation)
	11 7 00
Filed and recorded in accordance with the laws of the State of Indiana on	Quate).
	Signed Signed Clerk
AFML/PD 1	HENDRICKS Circuit Court

### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

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 Middle Last	Name Jacklyn Middle Hardwick
Date of Birth Month Day Year	Date of Birth Day Vear
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
37 PLAINVIEW DRIVE, LANVITTE, NENDICICES	1645 to at MAIN LTY PlAINTIELD, NENDRICKS, +
Previous Marital Status: Never Married (P) OR	Previous Marital Status: Never Married OR
ast Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate   Other (Specify)   pulse.	Date of birth verified by:   Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 📉 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes D
If answer is "yes," has the adjudication been removed? No 反 Yes □	If answer is "yes," has the adjudication been removed?  No  Yes   2. Are you related to the male applicant closer than second cousin?  No  Yes   Yes  Yes
2. Are you now under the influence of an alcoholic beverage?  No  Yes	2. Are you related to the male applicant closer than second cousin? No≅ Yes □ 3. Are you now under the influence of an alcoholic beverage? No ② Yes □
3. Are you now under the influence of an alcoholic beverage?  No ☑ Yes □  No ☑ Yes □  No ☑ Yes □	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. JASON (OE	5. List the full names of any dependent children.
JEREL COLE	
6. (a) Full name of father Same as above	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state) Same as above	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Same as above	Birthplace of father (State or foreign country)
(b) Full maiden name of mother Woody GAI Morres	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) いんといらいい	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's John D. Cole	7. (a) Full name of applicant's JAMES Curtis HARDWICK
Residence of father (if deceased, so state) 37 Planuitw DR, Danuillet	Residence of father (if deceased, so state) 1916 State Be. Rd. Symmers
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's DWAN V. CROCKETT	(b) Full maiden name of applicant's Imagene Abboth
Residence of mother (if deceased, so state) Same as above	Residence of mother (if deceased, so state) 1016 SINTE BRRS, SOMMERSET.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a jist of the test sites for the virus that causes AIDS (acquired	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 syndromey. //// / /	immune deficiency syndrome)
Signature of Applicant Gell C4 Date 10-16-90	assignature of Applicant peklyp Hardwick Date 10-16-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs.  Clerk of Court Date	Clerk of Court Date
	State of Indiana ) I swear/affirm that the information give
State of Indiana  HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed Let L. Ch	signed Jacklin Hardwick
New Address Frame as above	New Address 37 Plainview DR, Danville, TN 46122
Subscribed and sworn to before me this /64 day of Detaken, 1920	
// · · · //	Subscribed and sworn to before me this 16th day of Settler, 19 9 D
Clerk of the HENDRICKS Circuit Court	// Trampices
CONSENT OF PARENTS, PARENT, OR GUARDIAN  CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN  Clerk of the HENDRICKS Circuit Cou
Clerk of the HENDRICKS Circuit Court	CONSENT OF PARENTS, PARENT, OR GUARDIAN  Clerk of the HENDRICKS  Circuit Consent of Parents, Parent, OR GUARDIAN
Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS	Clerk of the HENDRICKS Circuit Council 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 HENDRICKS ) ss:
Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  ) ss:	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 HENDRICKS  State of Indiana HENDRICKS  State of Indiana HENDRICKS  State of Indiana HENDRICKS
Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	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 HENDRICKS  Signed Fath
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  State of Indiana HENDRICKS  State of Indiana HENDRICKS  State of Indiana HENDRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother	Clerk of the HENDRICKS Circuit Conservation
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Clerk of the HENDRICKS Circuit Conservation
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  County  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	Clerk of the HENDRICKS Circuit Conservation
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  County County County  and filed in authorizes and directs the day of 19  County Authorizes and directs the day of 19  County Authorizes and directs the day of 19  County Authorizes and directs the day of 19  Authorizes and directs the day of 19  County Authorizes and directs the 19  County Authorizes and 19  Coun	Clerk of the HENDRICKS Circuit Conservation
Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in authorizes and directs the RETURN OF MARRIAGE LICENSE.	Consent of the Hendricks Circuit Consent of 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 HENDRICKS  Signed
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in authorizes and directs the second of the other parent unnecessary  Father  County day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the	Clerk of the HENDRICKS Circuit Concentration Conserved C
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in authorizes and directs the second of the other parent unnecessary  Father  County day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the	Clerk of the HENDRICKS Circuit Concentration Conserved C
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in authorizes and directs the second of the other parent unnecessary  Father  County day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  RETURN OF MARRIAGE LICENSE  I certify that there was filed in my office a marriage license issued by the	Clerk of the HENDRICKS Circuit Concentration Conserved C
Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  And filed in authorizes and directs the dated 6-/6-90, authorizing the marriage of JACKLYN HARDWICK  I further certify that the following marriage certificate was filed in my of the dated of the following marriage certificate was filed in my of the following marriage certificat	Clerk of the HENDRICKS Circuit Concentration 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 HENDRICKS Signed Signed Motification Motification Subscribed and sworn to before me this day of Motification Court, by written order issued Signed Subscribed issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indianal JOEL R. COLE And County is the county of the county is the county of the county is the c
Consent of Parents, Parent, or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary    State of Indiana   HENDRICKS   Ss:	Clerk of the HENDRICKS Circuit Concentration 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 HENDRICKS ) ss:  Signed
Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary    State of Indiana   HENDRICKS   Signed   Father	Clerk of the HENDRICKS Circuit Concentration 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 HENDRICKS Science Signed Signed Mottes Signed Mottes Signed Mottes Subscribed and sworn to before me this day of Mottes Subscribed and sworn to before me this day of Subscribed and sworn to deep refused to the above named parties, the Court, by written order issued sissuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indianal JOEL R. COLE And MARRIAGE CERTIFICATE  Of HENDRICKS County
Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary    State of Indiana   HENDRICKS   Signed   Father	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 sign state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS (County of HE
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county authorizes and directs the dated 10 / 6 / 6 9 0 , authorizing the marriage of JACKLYN HARDWICK  If further certify that the following marriage certificate was filed in my of I, MYRON BARNARD (name), certify that MARION County, Indiana, JOEL R. COLE IN (state), and JACKLYN HARDWICK	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 HENDRICKS County of
Consent of parents, parent, or guardian  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  And filled in authorizes and directs the marriage of authorizing the marriage of JACKLYN HARDWICK  If further certify that the following marriage certificate was filled in my of I, MYRON BARNARD (name), certify that MARION County, Indiana, JOEL R. COLE  IN (state) were married by me as authorized MENDRICKS  IN (state) were married by me as authorized MENDRICKS	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 HENDRICKS County of
Consent of the Hendricks Circuit Court  Consent of Parents, Parent, Or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary    State of Indiana   Hendricks   Signed   Signed   Mother	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 HENDRICKS  Signed Fatt Signed Mott Subscribed and sworn to before me this day of 19 City of Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indianal JOEL R. COLE and MENDRICKS County of HENDRICKS COUNTY
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county and filled in authorizes and directs the dated 16 / 6 / 9 0 , authorizing the marriage of JACKLYN HARDWICK  If further certify that the following marriage certificate was filled in my of I, MYRON BARNARD (name), certify that MARION County, Indiana, JOEL R. COLE IN (state), and JACKLYN HARDWICK  IN (state) were married by me as authorized Court of HENDRICKS County, Indiana, dated 11-3	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 HENDRICKS  Signed

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No.	601
File .	
	10-16-90
1145	Date of Application

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

Female

Medical Examination or Report Dated 10-15-90

Name of Physician 24 Haven

MALE APPLICANT	FEMALE APPLICANT
Name Ofton First Walle Whatton	Name Montha First Jake murrell
Date of Birth April Month 27 Day 194 Year	Date of Birth July Month 14 Day 195ear
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Streetor R.R. City Rounty State dricks On	Residence Address Street or R.R. Journal County State
Previous Marital Status. Never Married   OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce ☑ Annulment □ _	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗗 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes □     If answer is "yes." has the adjudication been removed?
If answer is "yes," has the adjudication been removed?  No  Yes    2. Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐  Are you related to the male applicant closer than second cousin?  No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ₩ Yes □
4. Are you now under the influence of a narcotic drug? No ✓ Yes □	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.   1940
6. (a) Full name of father	6. (a) Full name of father of dependent children
of dependent children  Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children  Residence of mother (if deceased, so state)	of dependent children
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's // / Purple Earnest // // // // // // // // // // // // //	7. (a) Full name of applicant's franches all habit
father	father set father (if deceased so state)
Hesiderice of father (in deceased, so state)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Anal Magnetic Property Anal Magnetic Property Pr	(b) Full maiden name of applicantls Mary Quan Ochuman
mother dental all the mother all the	( ( udiana
Residence of mother (if deceased, so state)	Vihtualin
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding 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 Clifton a Yukasta Date 10-16-90	immuno deficiency syndrome) 1
Signature of Applicant Cliffon & Wharle Date 10-16-40	Signature of Applicant Martho Murrell Date 10/10/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs.  Clerk of Court Date,	Clerk of Court Date
	State of Indiana ) I swear/affirm that the information given
State of Indiana County of HENDRICKS  SS: Is wear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Clifter a Whoster	Signed Warthe & Murrell
Now Address Warme.	New Address Same
Subscribed and sworn to before me this Law day of Lucy, 1970	Subscribed and sworn to perfore me this 16 day of 21 1920
Conne Kouson Clerk of the HENDRICKS Circuit Court	Connic Kausey Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unifecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County or)
SignedFather	Signed Father
Signed Mother Subscribed and sworn to before me this day of, 19	Signed Mother
Subscribed and sworn to before me this day of fe	Subscribed and sworn to before me this day 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, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	
dated	LIFF A. WHARTON and
MARTHA J. MURRELL	
I further certify that the following marriage certificate was filed in my o	ffice:
I, CHARLES R. BLAISDELL (name), certify that	on 10-20-90 (date), at METAMORA in
FRANKLIN County, Indiana, CLIFF A. WHA	
IN (state), and MARTHA J. MUR	
( B) ( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 1	
	ER (official designation)
	10-25-90
Filed and recorded in accordance with the laws of the State of Indiana or	n (date).
	Signed Signed Clerk
APM (DD)	HENDRICKS Circuit Court

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

File _		
746	10-17-90 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 Shows Walker

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The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date Date  State of Indiana HENDRICKS Signed Subscribed and sworn to before me this day of the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the c	AIDS (acquired
acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana HENDRICKS  Signed  New Address  Subscribed and sworn to before me this	14/7/9
Clerk of Court  Date  County of Date  State of Indiana Authorizes and directs the issuance of a marriage license to the above named parties.  County of Date  Clerk of Court  Date  Clerk of Court  Date  Clerk of Court  Date  County of Date  State of Indiana HENDRICKS  Signed  Signed	ure to the above
State of Indiana HENDRICKS  Signed Subscribed and sworn to before me this day of the other parent unnecessary  State of Indiana HENDRICKS  Signed Subscribed and sworn to before me this day of the other parent unnecessary  State of Indiana HENDRICKS  Signed Subscribed and sworn to before me this day of the other parent unnecessary  State of Indiana HENDRICKS  Subscribed and sworn to before me this day of the Other parent unnecessary  State of Indiana HENDRICKS  Subscribed and sworn to before me this day of the Other parent unnecessary  State of Indiana HENDRICKS  Subscribed and sworn to before me this day of the Other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of the Other parent unnecessary  State of Indiana HENDRICKS  State of Indiana HENDRICKS  Signed Signed Subscribed and sworn to before me this day of the Other parent unnecessary  State of Indiana HENDRICKS  Signed Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to before me this day of the Other parent unnecessary  Subscribed and sworn to	
Signed  New Address  Subscribed and sworn to before me this day of 19 19 19 19 19 19 19 19 19 19 19 19 19	nformation giver
New Address  Subscribed and sworn to before me this	
New Address  Subscribed and sworn to before me this	160
Consent of Parents, Parent, Or Guardian  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named and filed in authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS  County of Court o	
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Cerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS  COUNTY OF MARRIAGE LICENSE issued by the Clerk of the Circuit Court of HENDRICKS  COUNTY OF MENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Signed Subscribed and sworn to before me this day of 19 19 19 19 19 19 19 19 19 19 19 19 19	Circuit Cour
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary    State of Indiana   HENDRICKS   Signed   Father   Signed   Subscribed and sworn to before me this   day of   19   Clerk   County   County   County   Subscribed and sworn to before me this   day of   19   Subscribed and sworn to before me this   da	
State of Indiana HENDRICKS Signed Father Signed Mother Signed Subscribed and sworn to before me this day of Clerk County of County of County of Marriage license having been refused to the above named and filed in authorizes and directs the issuance of a marriage license to the above named parties.  State of Indiana HENDRICKS Signed Signed Signed Subscribed and sworn to before me this day of 19.  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named 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 State of Indiana HENDRICKS HENDRICKS County of State facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary set in the county of t	one parent signs
Signed	
Signed	6 A TO 144
Signed	
Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named and filled 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 filled in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS Courter for	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named and filed in	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named and filed in	
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 Court	
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS Court	partico, in
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS Court	
1 Certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	
	nty, Indiana
dated 10-17-90 , authorizing the marriage of JAMES K. GLOVER	and
KIMBERLY A. NEIWALD	
I further certify that the following marriage certificate was filed in my office:	
I, BRADFORD F. PURDY (name), certify that on 10-26-90 (date), at ST. LUKE'S UNIT	ED CHURG
MARION County, Indiana, JAMES K. GLOVER of FAIRFAX	County
	County
IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of	of the Circu
Court of HENDRICKS County, Indiana, dated 10-26-90	
Signed by:/S/ BRADFORD F. PURDY, CLERGYMAN (official designation)	
Filed and recorded in accordance with the laws of the State of Indiana on 10-30-90 (date).	
Signed Torrie Rawan	Cler
AFML/PD 1 HENDRICKS	

## 512

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

No.	603
File	
	10-17-90
TENEDA P	Date of Application

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Fotal First Fred Middle PM Last	Name / It assi First Middle Alassi
Date of Birth Maus Month 5 Day 1934	Date of Birth July Month 26 Day 1939
Place of Birth (State of foreign country)	Place of Birth (State or foreign country)
Residence Address, //Street or R.R. // Cify / County// State ab	Residence Address // Street or Fish C. Sity! / County, States /
2120 Hall Rd Plainfeld, Huraricks, In	2130 Hall Ka, Plainfilla, Hillaricks, XX
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce ☑ Annulment □	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Of Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 🗹 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No  ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □
4. Are you now under the influence of a narcotic drug? No ☐ Yes □	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Charles Fred Por	7. (a) Full name of applicant's Osbien Clarence Gork
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Accorded
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Jula Dane Unabusah	(b) Full maiden name of applicant's Milling Cantoline Confee
mother Kintuches	mother Kintucky
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Birthplace of mother (state of foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant Lastell & Tao Date 10-17-90	Signature of Applicant Virgenia Dayes Date 10-17-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.  Clerk of Court Date
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.
Signed X Gately of the	signed Verginia Hayes
Signed & Patel & Face  New Address Same	· · · · · · · · · · · · · · · · · · ·
Subscribed and sworn to before me this 27th day of Oct 1970	Subscribed and sworn to before me this 2th day of 1990
CONNU Kallyou Clerk of the HENDRICKS Circuit Court	Connic Kalwson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Fathe
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
	WENDRIGUE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana
dated 10-17-90 , authorizing the marriage of ES	TEL FRED POE and
VIRGINIA HAYES	
I further certify that the following marriage certificate was filed in my of	office:
	on 10-17-90 (date), at DANVILLE in
HENDRICKS County, Indiana, ESTEL FRED POE  IN (state), and VIRGINIA HAYES	
(State), and	
	d under a marriage license that was issued by the Clerk of the Circum
Court of HENDRICKS County, Indiana, dated 1	
Signed by: /s/ CYNTHIA J. SPENCE , 1ST DEPUTY	CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana or	n 10-17-90 (date).
	Signed Torrie James Cleri
AFML/PD I	HENDRICKS Circuit Co.

Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

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

A Stafford

, MALE APPLICANT	FEMALE APPLICANT	
Name Junothi First aldidle Masking	Name June First Vindle Hugger	
Date of Birth Confl Month 27 Day 196 Year	Date of Birth Month 00 Day 10 (Year	
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)	
Residence Andress Street of P.P. City County & State #5		
10 KOLLUNDOG KM. Browneskorg, Haracioko, Ah	37 Told Farm Kar harville whiteles, In	
Previous Marital Status: Never Married D OR	Previous Marital Status: Never Married OR	
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □	
Date of birth verified by:   Birth Certificate bother (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)   Kingro Kicural	
1. Are you now or have you ever been adjudged to be of unsound mind? Now Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Ves	
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No  Yes	
3. Are you now under the influence of an alcoholic beverage?  No 2 Yes   Yes  Yes	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?	
5. List the full names of any dependent children.	List the full names of any dependent children.	
6. (a) Full name of father of dependent children	6. (a) Full name of father	
Residence of father (if deceased, so state)	of dependent children	
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	
(b) Full maiden name of mother	(b) Full maiden name of mother	
of dependent children	of dependent children	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)	
7. (a) Full name of applicant's Vacante Abar III Man him	Birthplace of mother (State or foreign country)	
father Rarry Charles Lucking	7. (a) Full name of applicant's Jury Lynn fughes	
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
(b) Full maiden name of applicants and Self Burhand	(b) Full maiden name of applicants from Anna Carboan	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)	
Birthplace of mother (State or foreign country) Sadiawa	Birthplace of mother (State or foreign country)	
	Samples of months (class of foliage country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT	
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
Signature of Applicant Limethy Alan Gulin Date 10/17/90	immune deficiency syndrome).	
Signature of Applicant Company Auto-Xulung Date 10/1/1/10	Signature of Applicant Levy Lynn Hughes Date 10-17-90	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above	
Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date	
	The second section is the second seco	
State of Indiana County of HENDRICKS  ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.	
Signed Jimethy Alan Glukini	signed Serry Lyan Hughes	
New Address 15th Petru Count Janville	New Address 55 Petrel Ct Danville	
Subscribed and sworn to before me this 15 day of 000 1990	Subscribed and sworn to before me this 17 day of 0ct 1990	
Clerk of the HENDRICKS Circuit Court	Lange Squester Clerk of the HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs.	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary	
State of Indiana		
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:	
Signed Father		
Signed Mother	Signed Father Signed Mother	
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of	
Clerk	Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.		
County	Court by written order issued	
and filed in, authorizes and directs the is		
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the (	Clerk of the Circuit Court of HENDRICKS County, Indiana,	
dated 10.17.90 , authorizing the marriage of		
	and.	
TERRY LYHN HUGHES	그 회사 회사 내가 하다 가장 하는 사람이 하는 것이 없다.	
I further certify that the following marriage certificate was filed in my of		
1, SIEVEN T. REEVES (name), certify that of	on 10-20-90 (date), at BROWNSBURG in	
HEDNRICKS County, Indiana, TIMOTHY ALAN GER	RKING of HENDRICKS County,	
IN(state), andTERRY_LYNN_HUGHES_	of HENDRICKS County,	
	under a marriage license that was issued by the Clerk of the Circuit	
Court of HENDRICKS County, Indiana, dated 10-2		
Signed by: /s/ STEVEN T. REEVES PASTOR	(official designation)	
	10-23-90	
Filed and recorded in accordance with the laws of the State of Indiana on	(date).	
	Signed	

### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No.	605
File	
	10-17-90
	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 10-2-90

Name of Physician Arree fordiske

MALE APPLICANT	
Name Westers of Middle Mooney	Name Charlenes Middle Reed
Date of Birth Month an Day Year 1956	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
40 N. Treen XI Drownshing, Co.	40 41. Xreen proussura, Co-
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married  OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by: Birth Certificate Oother (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗅 Yes 🗆
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No TYes I
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No Ves   5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.
5. List the full names of any dependent children. Tophen,	Steven Rocken Reed
6. (a) Full name of father	6. (a) Full name of father
of dependent children	oldependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of mother	Birthplace of father (State or foreign country)
of dependent shildren	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's faul 8 / conseq	7. (a) Full name of applicant's Camond allen
Residence of father (if deceased, so state) Alternal	Residence of father (If deceased, so state) Alcolated
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Horence Tlande waster	(b) Full maiden name of applicant's Mancha Barton
Residence of mother (if deceased, so state) Thorntown A.	Residence of mother (if deceased, so state) Bulplo, .
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant XM what K. Moorieg Date 10/17/90	Signature of Applicant Y Charlenge A. Reed Date 10/17/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS SS: I swear/affirm that the information given in this application is true and correct.
signed & My haf K. Mooring	Signed Kharlene H. Kell
New Address 40 N. GREEN ST. #11 BROWNSBURGEN	
Subscribed and sworp to before me this 17 day of 1990  Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this / day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of 19	
	Subscribed and sworn to before me this day of 19
Clerk	Subscribed and sworn to before me this day of, 19 Clerk
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the Court, by written order issued.
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued.
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the Court, by written order issued.
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, CHAEL K. MOONEY and
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, CCHAEL K. MOONEY and
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, CCHAEL K. MOONEY and  ffice: on 10-24-90 (date), at INDIANAPOLIS in
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  and filed in	A marriage license having been refused to the above named parties, the Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the  Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, CCHAEL K. MOONEY and  ffice:  on 10-24-90 (date), at INDIANAPOLIS in  NEY of HENDRICKS County,  of HENDRICKS County,  The county of HENDRICKS County,  OF HENDRICKS County,  OF HENDRICKS County,
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the  Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, CCHAEL K. MOONEY and  ffice:  on 10-24-90 (date), at INDIANAPOLIS in  NEY of HENDRICKS County,  under a marriage license that was issued by the Clerk of the Circuit  124-90
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the  Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, CCHAEL K. MOONEY and  MEY of HENDRICKS County,  MEY of HENDRICKS County,  under a marriage license that was issued by the Clerk of the Circuit  124–90 (official designation)
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the  Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, CCHAEL K. MOONEY and  ffice:  on 10-24-90 (date), at INDIANAPOLIS in  NEY of HENDRICKS County,  under a marriage license that was issued by the Clerk of the Circuit  -24-90 (official designation)
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the  Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, CCHAEL K. MOONEY and  ffice:  on 10-24-90 (date), at INDIANAPOLIS in  NEY of HENDRICKS County,  under a marriage license that was issued by the Clerk of the Circuit  -24-90 (official designation)  10-26-90
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the

Indiana State Board of of IC 31-7-3 (Revised-1989)

AFML/PD 1

#### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

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	,	No.	1	2 -	
T.	10-1	17-	-9	0	
	Date o	fApp	olica	tion	R

HENDRICKS

Circuit Court

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

Medical Examination or Report Dated Name of Physician Aller MALE APPLICANT FEMALE APPLICANT Date of Birth 9 Year Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. Residence Address Street or R.R. City County Previous Marital Status: Never Married OR Previous Marital Status: Never Married Last Marriage Ended By: Death Divorce 🖾 Annulment □ Divorce Annulment Last Marriage Ended By: Death Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) No D Are you now or have you ever been adjudged to be of unsound mind? Yes 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No 🗆 Yes 🗆 If answer is "yes," has the adjudication been removed? Yes 🗆 No 🗆 Are you related to the female applicant closer than second cousin? No Ø Yes 🛛 Are you related to the male applicant closer than second cousin? NoLE Yes 🗆 Are you now under the influence of an alcoholic beverage? No E Yes 🗆 Are you now under the influence of an alcoholic beverage? No B Yes 🗆 Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? No B No Ves Yes 🗆 List the full names of any dependent children. \_ List the full names of any dependent children. (a) Full name of father of dependent children Residence of father (if deceased, so state) nce of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of mother of dependent childre of dependent children Residence of mother (M deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) (a) Full name of applicant's 7. (a) Full name of applicant's father Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)/ immune deficiency syndrome). Signature of Applicant Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Date Date State of Indiana HENDRICKS I swear/affirm that the information given I swear/affirm that the information given State of Indiana HENDRICKS in this application is true and correct. County of . in this application is true and correct. Subseribed and sworn to before me this / day of day Subscribed and sworn to before me this HENDRICKS Annue Ausson Clerk of the HENDRICKS \_Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS State of Indiana HENDRICKS County of County of Father Signed Subscribed and sworn to before me this Subscribed and sworn to before me this Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_\_ . County, Indiana, 10-17-90 dated \_\_\_ , authorizing the marriage of \_\_\_\_ GREGORY ALAN CROWE and KATHRYN LYNN KOST I further certify that the following marriage certificate was filed in my office: GEORGE PLASTERER \_\_\_\_\_ (name), certify that on \_ 11-10-90 (date), at \_\_PLAINFIELD\_ HENDRICKS GREGORY ALAN CROWE County, Indiana, \_ County, IN KATHRYN LYNN KOST (state), and \_\_\_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit 11-10-90 \_ County, Indiana, dated \_ /s/ GEORGE PLASTERER MINISTER Signed by: . \_ (official designation) 11-15-90 Filed and recorded in accordance with the laws of the State of Indiana on \_ \_ (date). Signed Clerk

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No.	107
File	
1	Date of Application

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

Female

Medical Examination or Report Dated

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Q Last	Name First Middle Klast
Date of Birth Month Day Year	Date of Birth Month Pay Tyear
119 12 68	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Indiana
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married 18 OR	Previous Marital Status: Never Married 😭 OR
	Last Marriage Ended By: Death □ Divorce □ Annulment □
Last Marriage Ended By: Death Divorce Annulment	Last marriage Endod 9):
Date of birth verified by: R Birth Certificate  Other (Specify)	Date of birth verified by: **Birth Certificate
1. Are you now or have you ever been adjudged to be of unsound mind? No 5 Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Y Yes
If answer is "yes," has the adjudication been removed?  No Yes	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
If allower is yes, has the asjudication best tall as a second course?	2. Are you related to the male applicant closer than second cousin? No 🔉 Yes 🗆
2. Are you related to the female applicant closer than second cousin? No sp. 166 S. 3. Are you now under the influence of an alcoholic beverage? No Sp. Yes S.	3. Are you now under the influence of an alcoholic beverage? No → Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 😿 Yes 🗆
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother of dependent children
of dependent children	Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	7. (a) Full name of applicant's
7. (a) Full name of applicant's John Ravial Brown	father Shirling O. Ifoon
Residence of father (if deceased, so state) Lande del.	Residence of father (if deceased, so state) Marion Ind.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Stigat	(b) Full maiden name of applicant's Leady M. Quarely
	Residence of mother (if deceased, so state) and place and all all all all all all all all all al
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Birthplace of mother (State of foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
Lacknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant X Omy Brown Date Oct 17	Signature of Applicant Slave Delete Date Oct. 17, K.
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs.  Clark of Court.  Date	Clerk of Court Date
Clerk of Court Date	
State of Indiana    State of Indiana   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.
County or	signed Lanie Keene
signed x 20mg Blown	Signed
New Address	Subscribed and sworn to before me this 12 day of 0 th 1970
Subscribed and sworn to before me this 17 day of 1990	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
Clerk of the HENDRICKS Circuit Court	Clerk of the Chical Cook
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent diffecessary
	Create of Indiana
State of Indiana County of HENDRICKS Ss:	State of Indiana HENDRICKS ) ss:
	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Subscribed and sworn to before me trils day of Clerk	Subscribed and sworn to before the this Cay St Clerk
	A marriage license having been refused to the above named parties, the  Court, by written order issued
and filed in authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e 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 o	office:
	t on in
	of County,
County, Indiana,	
(state), and	of County,
(state), and	of County,
(state), and (state) were married by me as authorized	d under a marriage license that was issued by the Clerk of the Circuit
	d under a marriage license that was issued by the Clerk of the Circuit
	d under a marriage license that was issued by the Clerk of the Circuit  (official designation)
	d under a marriage license that was issued by the Clerk of the Circui  (official designation)
	d under a marriage license that was issued by the Clerk of the Circuit (official designation)

### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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-20-90

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Date of Birth Month 2 Day 8 Year 62	Date of Birth Month 3 Day 2 Year 74
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.A. City County State In-	Residence Address Street of R.R. City County State State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No-Z Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	Are you now under the influence of an alcoholic beverage?  No Yes   4. Are you now under the influence of a narcotic drug?  No Yes   Yes
4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No. 2 Yes   5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)  (b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father the Leon fruscherry	7. (a) Full name of applicant's tar lugare Pulsighe
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Roy Hysong	(b) Full maiden name of applicant's house Ticks
Residence of mother (if deceased, so state) Lightle, In-	Residence of mother (if deceased, so state) Brawnshung
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Bio Date Date	Signature of Applicant Alock New Pulsiphopate
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss:   swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
2.0.	1 1 7 0
Signed VIII VIII ON WILL SHOW Address S & NO ME	New Address 5 MANOR DEIVE DANUILLE I
Subscribed and sworn to before me this 184 day of Oct 19.90	Subscribed and sworn to before me this 8 and day of 0 et 1990
Cornie Lawren Clerk of the HENDRICKS Circuit Court	Connie Lauren Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Walva L. Studian Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this 18 4 dayof Oct 19 90
Clerk	Conne Lawson Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedissuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 10-18-90, authorizing the marriage of BI	RITT KENNETH QUISENBERRY and
HEATHER LOUISE PULSIPHER	
I further certify that the following marriage certificate was filed in my of	ffice:
I,DENNIS_LDODSON(name), certify that	
	ISENBERRY of HENDRICKS County,
	J. SI PHER Of HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 10	
court of county, indiana, dated	
	10 22 00
Filed and recorded in accordance with the laws of the State of Indiana on	10-23-90 (date).
	Signed Town thousand Clerk

AFML/PD 1

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

No	607
File _	
	10/19/90
	Date of Application

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Denothy

MALE APPLICANT	FEMALE APPLICANT
Name First Richard Steven	Name Kinderly Sue Kaniston
Date of Birth Month Day Year	Date of Birth Month Day O Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or RR. City, County, State	Residence Address Street or R.R. City County, State
3646 Than Deth Ler. Plainfield In . 46/168	3646 Mac Beth Dr. Harryell, A. 46,
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married ID OR
Last Marriage Ended By: Death □ Divorce ☑ Annulment □	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate  Other (Specify) Levers Leeve	Date of birth verified by: Birth Certificate   Other (Specify)   Drivers Licens
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗸 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □     If answer is "yes," has the adjudication been removed?
If answer is "yes," has the adjudication been removed?  No Ves   2. Are you related to the female applicant closer than second cousin?  No Ves   Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □
4. Are you now under the influence of a narcotic drug? No 🖾 Yes 🗆	4. Are you now under the influence of a narcotic drug? No 🖽 Yes 🗆
5. List the full names of any dependent children.	5. List the full names of any dependent children.
NO	1/0
6. (a) Full name of father of dependent-children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's
father Sarale P. Stiver	father Lonald R. Familton
Residence of father (if deceased, so state) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Lea Upac Nowell	(b) Full maiden name of applicant's mother Marcey Suspense Dilly
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date \$10/19/90	Signature of Applicant Lymberly S. Signature Date 10-19-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to vertying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
Signed X SAME	Signed X Jamberly S Jame ton
	New Address X Same
Subscribed and sworn to before me this day of 19 70	Subscribed and sworn to before me this 196 day of 0ct., 19 90
Corrue Lausen Clerk of the HENDRICKS Circuit Court	Connie Jameson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	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 authorizes and directs the	Court, by written order issued issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
$I\ certify\ that\ there\ was\ filed\ in\ my\ office\ a\ marriage\ license\ is sued\ by\ the$	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 10-19-90 , authorizing the marriage of	KEN RICHARD STIVER and
KIMBERLY SUE HAMILTON	
COLUMN TO STREET, AND DESCRIPTION OF THE PARTY OF THE PAR	
I further certify that the following marriage certificate was filed in my o	
I, MICHAEL C. LeSAUX (name), certify that	CHURCH
CASS County, Indiana, KEN RICHARD ST	
	ILTON of HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 10-	-31-90
Signed by: /s/ MICHAEL C. LeSAUX PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Line James Clerk
AFML/PD1	HENDRICKS Circuit Court

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No.	610
File	The State of the S
	11-19-90
-	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

Name of Physician Many Muticaty

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name a First Middle Hop O Last C	Name First / Middle > Last
Date of Birth Month Day Year	Date of Birth Month Day J, Year
10 19 60	7 13 66
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married  OR	Previous Marital Status: Never Married 🖎 OR
Last Marriage Ended By: Death □ Divorce ဩ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
	A STATE OF THE PROPERTY OF THE PARTY OF THE
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate Cher (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ★ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No 💢 Yes 🗆
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No St. Yes   Assured to the female applicant closer than second cousin? No St. Yes   Yes  Yes	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
<ol> <li>Are you now under the influence of an alcoholic beverage?</li> <li>Are you now under the influence of a narcotic drug?</li> <li>Yes □</li> </ol>	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Sharks ala Books of	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father of dependent children
of dependent children	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's
7. (a) Full name of applicant's harles affect Region	father tale of applicants and hear younger
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Bethe ElMana fattle	(b) Full maiden name of applicant's Joyce Elaine Wells
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Suches.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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	I acknowledge that I have received information regarding 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 10.19.90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
11 spelle (2 April - 10-19-60	Signed X Dawn E. Gorger
Signed New Address	New Address Same as above
Subscribed and sworn to before me this 19 day of 0ct . 1990	Subscribed and sworn to before me this 19 day of 000 19
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Create of the Circuit Court of County, Indiana,
dated 10-19-90, authorizing the marriage of CI	HARLES ALAN BECKER, SR. and
DAWN ELAINE YORGER	
I further certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the c	on10-20-90 (date), atINDIANAPOLIS in
MARION County, Indiana, CHARLES ALAN BEC	KER, SR. of HENDRICKS County,
IN(state), andDAWN ELAINE YORGE	
IN (state) were 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-:	
Signed by: /s/ ROBERT FELTON CARTER , MINISTER	(official designation)
	10.24.00
Filed and recorded in accordance with the laws of the State of Indiana on	10-24-90 (date).
	Signed Clerk

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

10-22-90 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 10-9-90 Medical Examination or Report Dated

Name of Physician An Aswericksioskie MALE APPLICANT

Name / First Middle Last		
ganely a. Corp	Name First Middle McLast Liel	
Date of Birth Month Day 1966	Date of Birth Month Day Year	
Place of Birth (State or foreign country)  Lee Castle. Un. 46135	Place of Birth (State or foreign country)	
Residence Address Street or R.B. City County State 11435 Maple Sone On Sples In.	Residence Address Sylvation R.R. City County State	
Previous Marital Status: Never Married ☒ OR		15
Last Marriage Ended By: Death □ Divorce □ Annulment □		
Date of birth verified by:   Birth Certificate   Other (Specify)   Ali.   Sec	Last Marriage Ended By: Death Divorce Annulment	
Date of birth verified by.   Birth Certificate   Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No  ✓ Yes □	
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	
<ul> <li>2. Are you related to the female applicant closer than second cousin? No√ Yes □</li> <li>3. Are you now under the influence of an alcoholic beverage? No√ Yes □</li> </ul>	Are you related to the male applicant closer than second cousin?     No    Yes □     Are you now under the influence of an alcoholic beverage?     No    Yes □	
4. Are you now under the influence of a narcotic drug? No ✗♡ Yes □	4. Are you now under the influence of an alcoholic beverage?  No X□ Yes □  Ves □  Ves □	
5. List the full names of any dependent children.	5. List the full names of any dependent children.	
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children	
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
7. (a) Full name of applicants arrell Way	7. (a) Full name of applicant's father Kenneth & Smeth	
Residence of father (if deceased, so state) Defa In	Residence of father (if deceased, so state) Sakuslash.	
Birthplace of father (State or foreign country) Selencastle In	Birthplace of father (State or foreign country)	
(b) Full maiden name of applicant's for Hamnond	(b) Full maiden name of applicant's mother Drenda S. Me Gill	
Residence of mother (if deceased, so state) Plff In .	Residence of mother (if deceased, so state) Lapple. In.	
Birthplace of mother (State or foreign country) Breescastle	Birthplace of mother (State or foreign country)	
ACKNOWLEDGMENT		Consult No.
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT	1
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
Signature of Applicant James Q. Cox Date 10-22-90	x Signature of Applicant unin 4. Notice 10-22-90	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.	
Clerk of Court Date	Clerk of Court Date	
State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  I swear/affirm that the information given in this anglibation is true and correct	
x signed James a Cox	in this application is true and correct.	
New Address	x signed mun to the state of the signed	1
Subscribed and sworn to before me this 22 day of Oct. 19 90	New Address 245 N. VINE ST. # 1 Partield, IN, Supscribed and sworn to before me this 22 day of OCT 1990	thethe
Count Clerk of the HENDRICKS Circuit Court	(Haris Zania - / minmusus	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	Chance 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	CONSENT OF PARENTS, PARENT, OR GUARDIAN  CIERRO of the HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	Chance 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  HENDRICKS	Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
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CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk	Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS ) ss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk	
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of	Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS )  Signed	
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CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS SS:  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A and filed in authorizes and directs the incomplete the consent of the other parent unnecessary  Father  Mother  County authorizes and directs the incomplete the consent of the parent signs, state facts which make the consent of the other parent unnecessary  Father  Authorizes and directs the incomplete the parent unnecessary  Father  Signed Parent Signs	Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS ) ss:  Signed	
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CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary    State of Indiana   HENDRICKS	
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County authorizes and directs the interpretation of the county authorizes and directs the interpretation of the county authorizing the marriage of Jumini R. McGILL  I certify that there was filed in my office a marriage license issued by the county authorizing the marriage of Jumini R. McGILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McGILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McGILL  IN (state), and Jumini R. McGILL  IN (state) were married by me as authorized the marriage of Mendricks County, Indiana, dated 10-2.  Signed by: /s/ DARRELL W. COX PASTOR	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued ssuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, AMES A. COX and HENDRICKS County, Indiana, MES A. COX LETTICAS COUNTY,	
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Mother  Subscribed and sworn to before me this day of processory Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County authorizes and directs the interest of the county authorizes and directs the interest of the county authorizing the marriage of Jumini R. McCILL  I certify that there was filed in my office a marriage license issued by the county authorizing the marriage of Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office a marriage certificate was filed in my office a marriage certificate was filed in my office a marriage of Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office a marriage of Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McCILL  I further certify that the followin	Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Mother  Subscribed and sworn to before me this day of processory Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County authorizes and directs the interest of the county authorizes and directs the interest of the county authorizing the marriage of Jumini R. McCILL  I certify that there was filed in my office a marriage license issued by the county authorizing the marriage of Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office a marriage certificate was filed in my office a marriage certificate was filed in my office a marriage of Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office a marriage of Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McCILL  I further certify that the following marriage certificate was filed in my office and Jumini R. McCILL  I further certify that the followin	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued ssuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, AMES A. COX and HENDRICKS County, Indiana, MES A. COX LETTICAS COUNTY,	

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

No.	W/A
File .	
	10.2290
	Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

HENDRICKS

\_\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Hast	Name Patricia Middle Shart Road
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married  OR
Last Marriage Ended By: Death Divorce Annulment	Market Control of the
Date of birth verified by:   Birth Certificate   Other (Specify)	
Date of birth verified by. D birth Certificate a Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗸 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes   Yes
If answer is "yes," has the adjudication been removed?  No □ Yes □  Are you related to the female applicant closer than second cousin?  Yes □	If answer is "yes," has the adjudication been removed?  No □ Yes □  Are you related to the male applicant closer than second cousin?  No □ Yes □
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of mother	Birthplace of father (State or foreign country)(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Booking Diane, Humphrey	7. (a) Full name of applicant's photo Smith
Residence of father (if deceased, so state) Littlenta Junia (	Residence of father (if deceased, so state) Paplorus Mist
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	Birthplace of father (State or foreign country)
mother The or applicant's The Mise The Opdaw	(b) Full maiden name of applicant's Betty Gone Horses
Residence of mother (if deceased, so state) Topics was	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Day W Humpling Date 10-72-90	Signature of Applicant & Valuara Read Date 0-33.90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
Signed X Dary W. Humphrey	Signed x Patricia Reia
New Address	New Address
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this 22 day of 1990
	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
Chate of Indian	
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	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, authorizes and directs the	issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	
dated, authorizing the marriage of	GARY D. HUMPHREY and
PATRICIA REID	
I further certify that the following marriage certificate was filed in my of JAMES D. SPENCER	ffice:
1, (name), certify that	
HENDRICKS County, Indiana, GARY HUMPHREY	of HENDRICKS County,
IN(state), andPATRICIA_REID_	of HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 11	L-10-90
Signed by:/s/ JAMES D. SPENCER, PLAINFIELD	TOWN COURTofficial designation)
Filed and recorded in accordance with the laws of the State of Indiana on	11-14-90 (date).
	1 2
	Signed Clerk

AFML/PD1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

IC 31-7-9-1. Furnishing false information upon applying for license.

#### STATE OF INDIANA

#### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File 10.3300 Date of Application

A person who knowingly furnishes false information to a clerk of the Medical Examination or Report Dated circuit court when the person applies for a marriage license under IC Name of Physician \_ Fenneth Gland 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Middle oberson Date of Birth Month Date of Birth Year Place of Birth (State or foreign country) Place of Birth (State or foreign country) -Residence Address Street or R.R. City County State City Street or R.R. County State Previous Marital Status: Never Married Previous Marital Status: Never Married OR Last Marriage Ended By: Death □ Divorce □ Annulment □ Divorce 5 Last Marriage Ended By: Death Annulment □ Date of birth verified by: 

Birth Certificate 
Other (Specify) Date of birth verified by: 

Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Yes 🗆 Are you now or have you ever been adjudged to be of unsound mind? No ★ Yes □ If answer is "yes," has the adjudication been removed? If answer is "yes," has the adjudication been removed? No 🗆 Yes Yes 🗆 No 🗆 Are you related to the female applicant closer than second cousin? Yes 🗆 Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No & Yes 🗆 Are you now under the influence of an alcoholic beverage? Yes 🗆 Are you now under the influence of a narcotic drug? Yes 🗆 Are you now under the influence of a narcotic drug? No I Yes 🗆 List the full names of any dependent children List the full names of any dependent children. (a) Full name of father of dependent children of dependent children Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of mother (b) Full maiden name of mother of dependent children of dependent children Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) (a) Full name of applicant's Barnas (a) Full name of applicant's Residence of father (if deceased, so state) \_ Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's (b) Full maiden name of applicant's Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome) Signature of Applicant \_ The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs acknowledgment because of religious beliefs Clerk of Court Clerk of Court Date State of Indiana I swear/affirm that the information given State of Indiana swear/affirm that the information given HENDRICKS HENDRICKS in this application is true and correct. County of \_ County of Signed XII Ruly DX **New Address** New Address Subscribed and sworn to before me this \_ 22 day of \_ Oth Subscribed and sworn to before me this and day of \_ DOC 1990 mount suna Clerk of the HENDRICKS Circuit Court Clerk of the HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS State of Indiana HENDRICKS Father Signed Signed Mother Subscribed and sworn to before me this \_ \_ day of \_\_ Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 \_ County, Indiana, 10-22 90 authorizing the marriage of PAUL L. SOTELLO \_ and MARILYN M. ROBERSON I further certify that the following marriage certificate was filed in my office: CYNTHIA J. SPENCE (name), certify that on \_\_10-22-90 (date), at \_\_DANVILLE HENDRICKS County, Indiana, PAUL L. SOTELLO HENDRICKS \_ (state), and \_\_\_\_MAILYN M. ROBERSON MHENDRICKS \_ of \_\_ \_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit HENDRICKS County, Indiana, dated 10-22-90 Court of \_ Signed by: \_/s/ CYNTHIA J. SPENCE \_\_\_\_, \_IST DEPUTY CLERK \_\_\_\_ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_\_\_10-22-90

Signed

(date).

HENDRICKS

Clerk

Circuit Court

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

	10-25-90 Date of Application
File	and the second
diam'r	

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Preparation

Medical Examination of Report Dated

Name of Physician

HENDRICKS

\_\_\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Stephen New Peters  Date of Birth Month Day Year 8	Name Julie Blindle beth Modenbra
Place of Birth (State or foreign country)  Day  Year  Place of Birth (State or foreign country)	Date of Birth Month Day 2 Year 68  Place of Birth (State or fgreign country)
Residence Address & Street or R.R. City & Sounty State	Residence Address & Street or AIR. A City County State 1
1223 Chan M. Placefeld, n.	1223 Clarity - Fluingell Ja.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married S OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate  Other (Specify)	Date of birth verified by: Birth Certificate    Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
Are you now or have you ever been adjudged to be of unsound mind? No ■ Yes □     If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?  No  Yes
2. Are you related to the female applicant closer than second cousin? No 🗹 / Yes 🗆	2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No ✓ Yes □	3. Are you now under the influence of an alcoholic beverage? No ✓ Yes □
4. Are you now under the influence of a narcotic drug? No⊷ Yes □	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)(b) Full maiden name of mother	Birthplace of father (State or foreign country)
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father half Peters	7. (a) Full name of applicant's Bower Nardenbrusk
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name) of applicant's Ryse Varia	(b) Full maiden name of applicant's mother with the celeste Stammen
Residence of mother (if deceased, so state) Alengueld, So.	Residence of mother (if deceased, so state) No. Derna, In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Stew N. Peter Date 10/25/90	Signature of Applicant Qulie Mondenbrock Date 10-25-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
Signed Stem M. Peter	Signed Julie Mordenbrock
New Address 4112 < Malden Ln. Beechgrove IN.	New Address 4112C Malden Ln. Beechgrove, IN. 4610
Subscribed and sworn to before me this 25 day of Oct. 1990	Subscribed and sworn to before me this 25th day of October 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana VIENDAGES )
County of HENDRICKS ) SS.	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
	order of the circuit court of
dated 10-25-96 , authorizing the marriage of STE	VEN NEIL PETERS and
JULIE ELIZABETH NORDENBROCK	
I further certify that the following marriage certificate was filed in my o	
HENDRICKS STEVEN NETT DET	on 10-27-90 (date), at PLAINFIELD in
HENDRICKS County, Indiana, STEVEN NEIL PET	
IN(state), andJULIE ELIZABETH NORDE	NBROCK of JENNINGS County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 10	-30-90
Signed by: _/s/ ROGER K. PETERS MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Laure Agusto Clerk

## 524

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	10-	~7	5	90	
ile	100	April 1			

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

MALE APPLICANT	FEMALE APPLICANT	
Name First Middle Quitast	Name Kelly First Middle Harding	
Date of Birth Month Day Year	Date of Birth Month Day Year	
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) - Delining Country)	
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State	
12 age 1 145	Berian Maital Status Nava Married D. O.B.	
	Previous Marital Status: Never Married OR	
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment	
Date of birth verified by:    Birth Certificate   Other (Specify)	Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗗 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 🖰 Yes 🗆	
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?	
2. Are you related to the female applicant closer than second cousin? No 🗗 Yes 🗆	2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  No ₽ Yes □  Yes □	
3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No □ Yes □	Are you now under the influence of an alcoholic beverage?  No ₽ Yes □  Are you now under the influence of a narcotic drug?  No ₽ Yes □	
5. List the full names of any dependent children.	5. List the full names of any dependent children.	
6. (a) Full name of father of dependent children	6. (a) Full name of father  of dependent children	
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
(b) Full maiden name of mother	(b) Full maiden name of mother	
of dependent children	of dependent children	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
7. (a) Full name of applicant's	7. (a) Full name of applicant's less & Rabert Harding	
Residence of father (If deceased, so state)	Residence of father (if deceased, so state)	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's	
mother Dettile Sue Janusen	mother <u>Aue ann</u> Castie  Besidence of mother (if deceased, so state) Ind	
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
Signature of Applicant Cott Michael I feton Date	immune deficiency syndrome).	
	Signature of Applicant Spelly Warding Date 10-25-90	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court Date	Clerk of Court Date	
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given	
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.	
Signed Scott Michael Jelon	Signed Stillip Glarding Now Address 393370 and Olelast St. Judges 411	
New Address 3933 Mann Village St Sugla Sind 46241	New Address	
Subscribed and sworn to before me this 25 day of Oct 1990 4945  Commit Lawren Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 8 Tday of Oct 19 90  Connie Lawson Glerk of the HENDRICKS Circuit Court	
	Gierk of the Gircuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
State of Indiana County of HENDRICKS	State of Indiana HENDRICKS ) ss:	
Signed Father		
Signed Mother	Signed Father Signed Mother	
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19	
Clerk	Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the	
	Court, by written order issuedissuance of a marriage license to the above named parties.	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,	
dated 10-25-90 , authorizing the marriage of SCO	IT MICHAEL ACTON and	
KELLY SUE HARDING		
I further certify that the following marriage certificate was filed in my of	ffice:	
I, MAX CASE (name), certify that		
MARION County, Indiana, SCOTT MICHAEL A		
IN(state), andKELLY SUE HARDIN		
	under a marriage license that was issued by the Clerk of the Circuit	
Court of HENDRICKS County, Indiana, dated 11-	(5) 사용하다 (1) 10 Head Control (1) 10 Head (1) 10 Head (1) 10 Head (1) Head (1) 10 Head (1) He	
Count of County, Indiana, dated		
11-7-90		
(date).		
	Signed _ Kning Tourish _ Clerk	
AFML/PD1	HENDRICKS Circuit Court	

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

File 10-26-90
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

Name of Physician

Thung

MALE APPLICANT	FEMALE APPLICANT
Name Robert Seith Brales	Name Jersele Might Wasterse
Date of Birth Month 8 Day 3 Year 37	Date of Birth / Wonth / 2 Day / Year 49
Place of Birth (State of foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. Sty County State 154 Oct 9. Fallen Rd. Dannellen.	Residence Address Street or R.B. Sity Solnty State Street, S.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Dirth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Musici Lec.
1. Are you now or have you ever been adjudged to be of unsound mind? Now Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No □ / yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No el Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No 😭 Yes 🗆	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of scale and bide	7. (a) Full name of applicant's Table Barn
Residence of father (if deceased, so state) Sich selection	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's by 1 10 Piff	(b) Full maiden perpe of applicant's 1. 2
mother Translet Minist	mother Jacqueline Rase Drunke
Residence of mother (if deceased, so state)	Residence of mother (V deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a light of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndremes.	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 10/26/90	Signature of Applicant Jennylu B. more Date 10/26/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS  I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
New Address 343 E. Main Danvicco In.	New Address 343 E. MAIN ST DANVILLE
Subscribed and sworn to before me this 264 day of OCT 19.90	Subscribed and sworn to profore me this 26 day of 2ct 19 90
Cornel dame Clerk of the HENDRICKS Circuit Court	Suscribed and sworn to before me this day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of 19	Signed Mother Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
	ROBERT KETTH ZIGLER and
JENNIFER BARR MOORE	
I further certify that the following marriage certificate was filed in my of	
I, MYRON BARNARD (name), certify that	on11-3-90
MARIONCounty, Indiana,ROBERT_KEITH	ZIGLER of HENDRICKS County,
IN (state), and JENNIFER BARR MOO	
IN (state) were 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	이 가는 사람들이 살아보는 것이 없는 것이 없는 것이다. 그런
Signed by: /s/ MYRON BARNARD , JUDGE	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	11-13-90 (date).
	Signed James James Clerk
AFML/PD 1	
	HENDRICKS Circuit Court

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

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 Medical Examination or Report Dated circuit court when the person applies for a marriage license under IC Name of Physician 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Middle Last. First Middle Last First Month Date of Birth Month Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. County Residence Address Street or R.R. County City Previous Marital Status: Never Married Previous Marital Status: Never Married 📮 OR Last Marriage Ended By: Last Marriage Ended By: Death □ Divorce □ Annulment Death □ Divorce □ Annulment □ Date of birth verified by: Sirth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No 🗆 If answer is "yes," has the adjudication been removed? No 🗆 Yes Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? Yes 🗆 Yes No D Yes 🗆 Are you now under the influence of an alcoholic beverage? No Ø Yes Are you now under the influence of an alcoholic beverage? Yes 🗆 No D Yes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? No D List the full names of any dependent children. List the full names of any dependent children... (a) Full name of father of dependent children of dependent children Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of mother (b) Full maiden name of mother of dependent children of dependent children Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) (a) Full name of applicant's (a) Full name of applicant's father \_ Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's (b) Full maiden name of applicant's mother Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) immune deficiency syndrome). Date L Chros Date Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs acknowledgment because of religious beliefs Clerk of Court I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana HENDRICKS HENDRICKS in this application is true and correct. County of \_ in this application is true and correct. Signed \_\_\_\_\_ New Address day of 20 Subscribed and sworn to before me this Subscribed and sworn to before me this 10 day of Clerk of the HENDRICKS Circuit Court Clerk of the HENDRICKS Circuit Court newste CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS State of Indiana HENDRICKS County of \_ Signed Subscribed and sworn to before me this Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued\_ \_ County . 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 \_\_ County, Indiana, 10 - 31 - Quathorizing the marriage of \_\_\_\_ JOHN C. CORNETT \_ and LISA L. HORTON I further certify that the following marriage certificate was filed in my office:

11-3-90 (date), at 11:00 a.m.

HENDRICKS

HENDRICKS

\_ County,

Clerk

Circuit Court

JAMES A. KILGORE (name), certify that on \_

HENDRICKS County, Indiana, dated 11-3-90

JOHN C. CORNETT

(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit

11-13-90

Signed

\_\_\_ (official designation)

LISA L. HORTON

PASTOR

HENDRICKS County, Indiana,

Signed by: /s/ JAMES A. KILGORE

(state), and \_

Filed and recorded in accordance with the laws of the State of Indiana on \_

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

File	
	10.29.90
	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

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First Middle C. Last	Name Danger Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married   OR  OR	Previous Marital Status: Never Married □ OR
	The Residence of the Control of the
Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 💢 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes □
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?  No □ Yes □
Are you related to the female applicant closer than second cousin?     No □ Yes □     Are you now under the influence of an alcoholic beverage?	Are you related to the male applicant closer than second cousin?     No    Yes □     Are you now under the influence of an alcoholic beverage?     No    Yes □
4. Are you now under the influence of a narcotic drug? No 🗅 Yes 🗆	4. Are you now under the influence of a narcotic drug? No ☑ Yes □
5. List the full names of any dependent children. Malanda Mas , Cale	5. List the full names of any dependent children.
Myskall	
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Serveth English Fields	7. (a) Full name of applicant's Herry Francis Hullman
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Moretan Stanon	(b) Full maiden name of applicant's Boothing, M. Dog gar
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant & Robert & Fully Date	Signature of Applicant Mancy A. Heath Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.  Clerk of Court Date
State of Indiana County of HENDRICKS  Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS SS: I swear/affirm that the information given in this application is true and correct.
Signed x Robert of Fields	Signed & Mancy A. Hetelh
New Address	New Address
Subscribed and sworn to before me this 22 day of 5t 1990	Subscribed and sworn to before me this 29 day of 24, 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
	County of
Signed Father Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	Court, by written order issued
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 10.29.90 , authorizing the marriage of R	DBERT H. FIELDS and
NANCY A. HEATH	
I further certify that the following marriage certificate was filed in my o	ffice:
	on11-5-90 (date), atINDIANAPOLIS in
	of HENDRICKS County
	of HENDRICKS County
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 11-5-	HE REPORT OF THE PORT OF THE
Signed by: /s/ CHARLES ELSTON MINISTER	(official designation)
	11_7_00
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed Mr. Dusse Clerk

### 528

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

Date of Application

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 harrer First & Middle Kest and	Name Alarsan First Sauchi Harten
Date of Birth Month 15 Day 10 Year	Date of Birth flow, Month 17 Day 019 Legr
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address/ Street or R.B/) City/ County/ State	Residence Address // State or R.R. City/, County/ State
1018 Mill St. Lawell Hindricks, In	1018 Mill St. Warblet Sindricka Sin
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married  OR
Last Marriage Ended By: Death □ Divorce ☑ Annulment □	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify) Drives Recense	Date of birth verified by:   Birth Certificate   Other (Specify)   Drivers Sucurse
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes □
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
<ol> <li>Are you related to the female applicant closer than second cousin? No ♥ Yes □</li> <li>Are you now under the influence of an alcoholic beverage? No ♥ Yes □</li> </ol>	3. Are you now under the influence of an alcoholic beverage? No ✓ Yes □
4. Are you now under the influence of a narcotic drug? No   ✓ Yes □	4. Are you now under the influence of a narcotic drug? No/ ✓ Yes □
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's Viga and Contract II land	7. (a) Full name of applicant's 1. 1/14. 1. 1/14.
father	father f
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's fundah favorne fundar	(b) Full maiden name of applicant's Lilda Elissa Clidener
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding angerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant August Date Date Date Date Date Date Date Dat	immune deficiency syndrome).
Signature of Applicant	Signature of Applicant Sharow J. Wigner Jate 10-30-
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.
Signed A face of Ward	Signed Sharon L. Doffman
New Address Comp	New Address Same
Subscribed and sworn to before me this 30 day of Oct 1990	Subscribed and sworn to before me this 30 day of 000, 19 40
Connul Yallison Clerk of the HENDRICKS Circuit Court	Connic Jawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of 19	Signed Mother  Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	CL 1 ALL CL 1 CL 1 CL 1 CL 1 CL 1 CL 1 C
12 11 11	(1 th) 1 th   1
dated 10-30-90 , authorizing the marriage of	LARRY LEE WOOD and
SHARON LOUISE HOFFMAN	
I further certify that the following marriage certificate was filed in my of	ffice:
I,	
Madison County, Indiana, LARRY LEE WOOD	HENDRICKS
INDIANA (state), and SHARON LOUISE HOFFMA	N HENDRICKS
INDIANA (State), and	or County,
THE PROPERTY OF THE PROPERTY O	under a marriage license that was issued by the Clerk of the Circuit
	h November, 1990
Signed by:Tjmothy Wilbur Minister ,	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	그 이 것이 그를 가게 되었다. 이 가는 이 가는 이 가는 것은 것이 되었다. 그 가는 것이 없는 것이 없는 것이 없는데 없었다. 생각이 없는데 없다.
	a. Promis La
	Signed Annue of the Clerk
AFML/PD1	HENDRICKS Circuit Court

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

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

The control family of the Control of Control	MALE APPLICANT	FEMALE APPLICANT
Some of term (Dison or Integro growth)  The control of the (Dison or Integro growth)  The control or Integro growth)  The control or Integro growth (Dison or Integro growth)  The control or Integro growth)  The control or Integro growth (Dison or Integro growth)  The control or Integro growth)  The control or Integro growth (Dison or Integro)  The control or Integro growth)  The control or Integro growth)  The control or Integro growth (Dison or Integro)  The control or Integro growth)  The control or Integro growth)  The control or Integro growth (Dison or Integro)  The control or Integro growth)  The control or Integro growth)  The control or Integro growth (Dison or Integro)  The control or Integro growth)  The control or Integro growth)  The control or Integro growth (Dison or Integro)  The control or Integro growth)  The contro	Name Robert F Middle Shaller has all	
Present Name State	Date of Birth   Month Day Year	Date of Birth Month Day 19-
Projection for a final filter or formation of the control of the c	lace of Birth (State or foreign country)	
The second state of the control of t		
and betinning broad by Death Dovers & Foliations & Fo		Province Marital Status: News Married II OP
Account of the year out of yea		The same of the sa
As you now or have you were been edipological to be of uncound mind? No ID Yea D If answers in Year, has the adjudance been monosed?  No ID Yea D If a service in the adjudance been monosed?  No ID Yea D If the you make the adjudance been monosed?  No ID Yea D If the you make the adjudance been monosed?  No ID Yea D If the you make the adjudance been monosed to the year of the year of the proposed part of the adjudance to the year of year	0.4	A Company of the Comp
If assert is 1-yes. That the solidations have removed?  Any power and the three and point or share mention and assertance for some of the control of the con	Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
2. Any your waited the further part a choice for several to the part of the pa	1. Are you now or have you ever been adjudged to be of unsound mind? No 🖂 Yes 🗆	
An app you or under the influence of an accordinate bearsage?  No. 2 Yea D.  List grid interest of any physiology physiology and the physiology of the physiology phy		
Any your own wheth the influence of a necocid chigh.  List little plut in series or improposed problems in the proposed children.  In specific children  In depoched children  I		
1. (b) Pall manue of bittery Projection of their projection of the	H II NA	
1. D. P. Full areas of statuse with a speciment college or business, as states believed by the control of the c	5. List the full names of any dependent children. alam Mellenbarg	5. List the full names of any dependent children. Druan Hunter
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(b) Full makes name of applicant's mother of the deceased, to state of the process of mother (if deceased, to state)  Birthpiace of mother (if deceased, to state)  Birthpiace of mother (if deceased, to state)  ACCOMULEDGMENT  ACCOMULEDGME	Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
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that are sexually transmitted, and a late of the test alies for the virus that causes AIDS (acquired immune delicions) syndromes.  Signature of Applicant	ACKNOWLEDGMENT	ACKNOWLEDGMENT
immune delicioncy syndrome).  Signature of Applicant  Figure 1 Applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Signed Advantage Lineway/affirm that the information given on this applicant, hereby give consent for the introduction given on this applicant, hereby give consent for this marriage. If only one parent signs, state for indiana the consent of the deep parent unnecessary  Subscribed and sworn to before me this day of 1 19 19 19 19 19 19 19 19 19 19 19 19 1	I acknowledge that I have received information regarding dangerous communicable diseases	
The above applicant has objected to verifying by oath or affirmation or signature to the above according to the control of the part of the control of the part of	immune deficiency syndrome) /// / a c.	immune deficiency syndrome).
State of Indiana HENDRICKS   sc.   Invest/affirm that the information given in this application is true and correct.  Signed   Signed   State of Indiana HENDRICKS   sc.   Invest/affirm that the information given in this application is true and correct.  Signed   Signed   State of Indiana HENDRICKS   sc.   Invest/affirm that the information given in this application is true and correct.  Signed   Signed   State of Indiana HENDRICKS   sc.   Invest/affirm that the information given in this application is true and correct.  Signed   Signed   State of Indiana HENDRICKS   sc.   Signed   State of Indiana HENDRICKS   Subscribed and swom to before me this   day of   State of Indiana HENDRICKS   sc.   Signed   Sign	Signature of Applicant Aug 2. Multiparge Date 11-1-90	Signature of Applicant Carrier & McCommon Date 1001 199
Clerk of Court    Date   Clerk of Court   Date	The above applicant has objected to verifying by oath or affirmation or signature to the above	
State of Indiana HENDRICKS   sex   I sevear/affirm that the information given in this application is true and correct.  Signed		
County of HENDRICKS   85. In this application is true and correct.    Signed	State of Indiana	State of Indiana ) I swear/affirm that the information given
New Address 238 N Guart   Patents   Day of   Day	HEADDICKE SS'	TYPE TO DECIZE SS.
Subscribed and sworn to before me this	Signed Xobert E. Shelle Barge	Signed Karmen & Mc Cammack
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary.  State of Indiana HENDRICKS  Signed Father Signed Mother Subscribed and sworn to before me this day of 19.  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County of 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  COMPLETE IF MARRIAGE.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage of ROBERT E. SHELLENBARGER  And 11–1–90 authorizing the marriage of ROBERT E. SHELLENBARGER  If urther certify that the following marriage certificate was filed in my office:  If under the certify that the following marriage certificate was filed in my office:  If under the certify that the following marriage certificate was filed in my office:  If under the certify that the following marriage or the certify that on 11–1–90 (date), at DANVILLE in HENDRICKS County, Indiana, ROBERT E. SHELLENBARGER of HENDRICKS County, Indiana, ROBERT E. SHELLENBARGER of HENDRICKS County, Indiana, ROBERT E. SHELLENBARGER of HENDRICKS County, Indiana, Acuted 11–1–90 (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11–1–90 (date).		New Address 2387 Gront Brownshing
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and aworn to before me this day of Uclerk  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.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS  If urther certify that the following marriage certificate was filed in my office:  I, JANICE S. CHILEWSKI (name), certify that on 11–1–90 (date), at DANVILLE in HENDRICKS County, Indiana, ROBERT E. SHELLENBARGER of HENDRICKS County, Indiana, CARMEN L. McCAMMACK of HENDRICKS County, Indiana, dated 11–1–90 (date).		Subscribed and sworn to before me this day of
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tatase facts which make the consent of the other parent unnecessary.    State of Indiana   HENDRICKS   HEND		Clerk of the Circuit Court
state facts which make the consent of the other parent unnecessary    State of Indiana HENDRICKS   Signed   Father Signed   Mother Signed   Mo		
Signed Signed Mother Signed Signed Signed Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 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 20 authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11–1–90 authorizing the marriage of ROBERT E. SHELLENBARGER and CARMEN L. McCAMMACK  If further certify that the following marriage certificate was filed in my office:  I, JANICE S. CHILENSKI (name), certify that on 11–1–90 (date), at DANVILLE in HENDRICKS County, Indiana, ROBERT E. SHELLENBARGER of HENDRICKS County, Indiana, CARMEN L. McCAMMACK of HENDRICKS County, Indiana, CARMEN L. McCAMMACK of HENDRICKS County, Indiana, dated 11–1–90 (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11–1–90 (date).  Filed and recorded in accordance with the laws of the State of Indiana on 11–1–90 (date).		
Signed Signed Mother Signed Signed Signed Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 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 20 authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11–1–90 authorizing the marriage of ROBERT E. SHELLENBARGER and CARMEN L. McCAMMACK  If further certify that the following marriage certificate was filed in my office:  I, JANICE S. CHILENSKI (name), certify that on 11–1–90 (date), at DANVILLE in HENDRICKS County, Indiana, ROBERT E. SHELLENBARGER of HENDRICKS County, Indiana, CARMEN L. McCAMMACK of HENDRICKS County, Indiana, CARMEN L. McCAMMACK of HENDRICKS County, Indiana, dated 11–1–90 (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11–1–90 (date).  Filed and recorded in accordance with the laws of the State of Indiana on 11–1–90 (date).		
Signed		State of Indiana HENDRICKS ) ss:
Subscribed and sworn to before me this	Signed Father	Signed Father
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	Signed Mother	Signed Mother
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 authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, and CARMEN L. McCAMMACK  I further certify that the following marriage certificate was filed in my office:  I, JANICE S. CHILEWSKI (name), certify that on 11–1–90 (date), at DANVILLE in HENDRICKS County, Indiana, ROBERT E. SHELLENBARGER of HENDRICKS County, Indiana, ROBERT E. SHELLENBARGER of HENDRICKS County, Indiana, Ind		
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, and CARMEN L. McCAMMACK  If further certify that the following marriage certificate was filed in my office:  I, JANICE S. CHILEWSKI (name), certify that on 11-1-90 (date), at DANVILLE in HENDRICKS County, Indiana, CARMEN L. McCAMMACK  IN (state), and CARMEN L. McCAMMACK of HENDRICKS County, Indiana, dated 11-1-90  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 11-1-90 (date).		
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11–1–90 , authorizing the marriage of ROBERT E. SHELLENBARGER and CARMEN L. McCAMMACK  If further certify that the following marriage certificate was filed in my office:  If		
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11–1–90 , authorizing the marriage of ROBERT E. SHELLENBARGER and CARMEN L. McCAMMACK  I further certify that the following marriage certificate was filed in my office:  I, JANICE S. CHILEWSKI (name), certify that on 11–1–90 (date), at DANVILLE in HENDRICKS County, Indiana, ROBERT E. SHELLENBARGER of HENDRICKS County, Indiana, IN (state), and CARMEN L. McCAMMACK 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 11–1–90  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 11–1–90 (date).		
dated 11-1-90 , authorizing the marriage of ROBERT E. SHELLENBARGER and  CARMEN L. McCAMMACK  I further certify that the following marriage certificate was filed in my office:  I, JANICE S. CHILEWSKI	RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
CARMEN L. McCAMMACK  I further certify that the following marriage certificate was filed in my office:  I, JANICE S. CHILEWSKI (name), certify that on 11-1-90 (date), at DANVILLE in HENDRICKS County, Indiana, ROBERT E. SHELLENBARGER of HENDRICKS County, Indiana, IN (state), and CARMEN L. McCAMMACK of HENDRICKS County, Indiana, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-1-90  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 11-1-90 (date).	I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County Indiana
CARMEN L. McCAMMACK  I further certify that the following marriage certificate was filed in my office:  I, JANICE S. CHILEWSKI (name), certify that on 11-1-90 (date), at DANVILLE in HENDRICKS County, Indiana, ROBERT E. SHELLENBARGER of HENDRICKS County, IN (state), and CARMEN L. McCAMMACK 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 11-1-90  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 11-1-90 (date).		
I further certify that the following marriage certificate was filed in my office:  I,JANICE_SCHILEWSKI	dated, authorizing the marriage of	ROBERT E. SHELLENBARGER and
I, JANICE S. CHILEWSKI (name), certify that on 11-1-90 (date), at DANVILLE in HENDRICKS County, Indiana, ROBERT E. SHELLENBARGER of HENDRICKS County, IN (state), and CARMEN L. McCAMMACK 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 11-1-90  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 11-1-90 (date).		
HENDRICKS County, Indiana, ROBERT E. SHELLENBARGER of HENDRICKS County, IN (state), and CARMEN L. McCAMMACK IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-1-90 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 11-1-90 (date).		
IN (state), and CARMEN L. McCAMMACK 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 11-1-90  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 11-1-90 (date).	I,JANICE S. CHILEWSKI (name), certify that	on11-1-90 (date), at DANVILLE in HENDRICKS
IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit  Court of HENDRICKS County, Indiana, dated 11-1-90  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 11-1-90 (date).		THE PART OF CO.
Court of		
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	HENDRICKS	
Filed and recorded in accordance with the laws of the State of Indiana on	count of county, indiana, dated	
	Signed by: /s/ JANICE S. CHILEWSKI , CHIEF DEPUT	Y CLERK (official designation)
Signed Trave to me	Filed and recorded in accordance with the laws of the State of Indiana or	n11-1-90 (date).
		Signed Towns James Clerk
	AFMI /PD 1	HENDRICKS Circuit Court

### 530

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

AFML/PD 1

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS C

\_ County

11-1-90 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
Name of Physician

File

HENDRICKS

Circuit Court

	FEMALE APPLICANT
Name George Hinddle Dockus	Name Olexand Middle Rudshut
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County & State
640 Spruce St, Hazenfield, So.	1443 N, Camondson #302C, Anglott
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
	1. Are you now or have you ever been adjudged to be of uncound mind? Ale II. Yes II.
1. Are you now or have you ever been adjudged to be of unsound mind? No Tyes I	Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes," has the adjudication been removed?  No Yes   Yes
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes   Yes
3. Are you now under the influence of an alcoholic beverage?	Are you now under the influence of an alcoholic beverage?  No  Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Ves
List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)(b) Full maiden name of mother	(b) Full maider name of mother
of dependent children	of dependent shildren
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Thomas F. hecker	7. (a) Full name of applicant's Charles Crowe
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother I famely gone trafley	mother Sura foglemag
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Seage H Mecky Date/1-1-90	Signature of Applicant Leventh Rugher Date 11-1-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
Signed & Deage & Wecker	Signed X Lijabeth, Mr. Kuffnge
New Address . 640 Spreecs - Main Jield In 46168	New Address 640 Spruce Plainfield And
Subscribed and sworn to before methis day of 19	Subserfibed and sworn to before me this day of
Christ Aproximation Clerk of the HENDRICKS Circuit Court	Connue Agusson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County or	County of)
Signed Father	Signed Father
Signed Mother Subscribed and sworn to before me this day of 19	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of 19
	Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	Court, by written order issuedeissuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
	GEORGE H. DECKER
dated, authorizing the marriage of	GEORGE H. DECKER and
ELIZABETH M. RUFFNER	
	office:
I further certify that the following marriage certificate was filed in my o	
LITTETAM D. CLAMMON	on 11-16-90 (date), at PLAINFIELD in
I, WILLIAM R. CLAYTON (name), certify that	UENDDICKS
I, WILLIAM R. CLAYTON (name), certify that HENDRICKS County, Indiana, GEORGE H. DECKER	of HENDRICKS County,
I, WILLIAM R. CLAYTON (name), certify that  HENDRICKS County, Indiana, GEORGE H. DECKER  IN (state), and ELIZABETH M. RUFFNE	of HENDRICKS County,  of MARION County,
I, WILLIAM R. CLAYTON (name), certify that HENDRICKS County, Indiana, GEORGE H. DECKER  IN (state), and ELIZABETH M. RUFFNE  IN (state) were married by me as authorized	of HENDRICKS County,  Of MARION County,  If under a marriage license that was issued by the Clerk of the Circuit
I, WILLIAM R. CLAYTON (name), certify that  HENDRICKS County, Indiana, GEORGE H. DECKER  IN (state), and ELIZABETH M. RUFFNE  IN (state) were married by me as authorized  Court of HENDRICKS County, Indiana, dated 1	of HENDRICKS County,  of MARION County,  d under a marriage license that was issued by the Clerk of the Circuit  1–20–90
I, WILLIAM R. CLAYTON (name), certify that HENDRICKS County, Indiana, GEORGE H. DECKER  IN (state), and ELIZABETH M. RUFFNE  IN (state) were married by me as authorized	of HENDRICKS County,  of MARION County,  d under a marriage license that was issued by the Clerk of the Circuit  1–20–90
I, WILLIAM R. CLAYTON (name), certify that HENDRICKS County, Indiana, GEORGE H. DECKER  IN (state), and ELIZABETH M. RUFFNE  IN (state) were married by me as authorized  Court of HENDRICKS County, Indiana, dated 1	of HENDRICKS County,  of MARION County,  d under a marriage license that was issued by the Clerk of the Circuit  1-20-90  (official designation)

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

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 Christophen Steven BEdNAR	Name (Justina Kay Middle Lass di Vast
Date of Birth Month, Day Year	Date of Birth Month Day, Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of R.R. City County State Not Agts, It	Residence Address Street or R.R. Plain field Handleicks In
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: Birth Certificate Other (Specify) Copular.	Date of birth verified by:   Birth Certificate   Other (Specify)   Open lice
Are you now or have you ever been adjudged to be of unsound mind? No     Yes □	Are you now or have you ever been adjudged to be of unsound mind? No  ✓ Yes □
If answer is "yes," has the adjudication been removed? No/  ✓ Yes □	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No 🗹 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No   ✓ Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No ✓ Yes □  S. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No X Yes   5. List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Stephen George BE dy AR	7. (a) Full name of applicant's JAMES Hoyd Stogsdill
Residence of father (if deceased, so state) 346 W. Johnson Re Lafterte In	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Whoting, HV	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's ENDRE ROSE ROCOT	(b) Full maiden name of applicant's mother
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Same as follows
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a light of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Signature of Applicant	immune deficiency syndrome).
	Signature of Applicant Cynthia Kay Stoysdill Date 1-03-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS   Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.
/hA H2 / /	
New Address Sance as above	New Address 150 6 Wood De Apt 1815, Aslington 1476, I
Subscribed and sworn to before me this Juday of HENDRICKS Circuit Court	Subscribed and sworn to before me this 2 mg day of Nov 19 20
Court Court Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	State lacts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
SignedFather	County of Signed Father
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	
그 없는 사람들이 가는 이 집에 가장 보면 되었다. 그렇게 하는 아버지는 사람들이 되었다면 하는데	
dated //-03-90 , authorizing the marriage of	CHRISTOPHER STEVEN BEDNAR and
CYNTHIA KAY STOGSDILL	
I further certify that the following marriage certificate was filed in my of	
	on
HENDRICKS County, Indiana, CHRISTOPHER STEV.  IN (state), and CYNTHIA KAY STOGSD	TII . HENDDIOVO
(state), and	County,
(State) were married by me as audionzed	under a marriage license that was issued by the Clerk of the Circuit
count of county, indiana, dated	
	OLIC PRIES(Official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Some James Clerk
AFML/PD1	HENDRICKS Circuit Court

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS \_ County

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 H. Edurai

MALE APPLICANT	FEMALE APPLICANT
Name Jerry Land Middle Last Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married   OR	126 7. Cerille St. Plainfuld Verk.)
The same of the sa	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:	Date of birth verified by: 🕒 Birth Certificate 🗆 Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗘 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 🕒 Yes 🗆
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin? No Tyes	2. Are you related to the male applicant closer than second cousin? No 🗓 Yes 🗆
<ul> <li>3. Are you now under the influence of an alcoholic beverage?</li> <li>4. Are you now under the influence of a narcotic drug?</li> <li>No ☐ Yes ☐</li> </ul>	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a parcotic drug?
Are you now under the influence of a narcotic drug?     No Yes       List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No Ves   5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's	Birthplace of mother (State or foreign country)
father Wayse Lold Medder	7. (a) Full name of applicant's Donald L. Yerk
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Thesauri	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother <u>Frances</u> Edith Misley	(b) Full maiden name of applicant's mother Me Knicht
Residence of mother (if deceased, so state) Calumbra Ms.	Residence of mother (if deceased, so state) (Allmurs 20).
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWI EDOMENT	
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Fire P. Maddox Date 11/2/9-0	immune deficiency syndrome).
	XSignature of Applicant Debro K Martin Date 11/2/90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.
& Signed Joney & Maddox	
New Address 126 N. CENTER PLAINFIELD, IN	& Signed Debruk Martin
Subscribed and sworn to before me this 2th day of Nov. 19 90	New Address 126 M Center Plainfuld & Subscribed and sworn to before me this 2 day of My 19 90
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ss:
	County of
SignedFather	Signed Father
Signed Mother Subscribed and sworn to before me this day of 19	Signed Mother
보다 하는 것 보면 100kg 보다 100kg (10kg 10kg 10kg 10kg 10kg 10kg 10kg 10kg	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in county authorizes and directs the	Court, by written order issued
RETURN OF MARRIAGE LICENSI	
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated11-2-90, authorizing the marriage ofT	ERRY LADD MADDOV
	ERRY LADD MADLOX and
DEBRA KAY MARTIN	
I further certify that the following marriage certificate was filed in my of	
JOHN C. PARSLEY (name), certify that	
HENDRICKS County, Indiana, TERRY LADD MADDOX	of HENDRICKS County
IN (state), andDEBRA_KAY MARTIN	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-	2–90
Signed by:/s/_JOHN_C. PARSLEY, BAPTIST PA	
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
	CICIA
IFML/PD 1	HENDRICKS Circuit Court

### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

THE REAL	
11-2-90	
Date of Application	

624

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

Female Name of Physician \_

No.

File

MALE APPLICANT	FEMALE APPLICANT
Name Girst Middle L. Maffitt	Name Kimberly Middle Shoulders
Date of Birth Month Day 19 Year 2	Date of Birth Month Day Year 1969
Place of Birth (State ordoreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. Gity County State	Residence Address Street or R.R. City County State
10 5. NI 800 E. Nanvelle. Un.	
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce X Annulment □	Last Marriage Ended By: Death □ Divorce ▼ Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify)   Number Size:	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes D
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No X Yes D
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?  No X Yes C  5. List the full names of any dependent children.
5. List the full names of any dependent children.	C. List the full harries of any deportion controls.
5. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (If deceased, so state)  Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Janes G. Johnson	7. (a) Full name of applicant Mayne D. Shaulders
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Danville . Un.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Ballaston - Jeron.
(b) Full maiden name of applicant's mother Carolyn Sue Muffitt	(b) Full maiden name of applicant's mother the same of applicant's
Residence of mother (if deceased, so state) diffusapolis In-	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	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 (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).
Signature of Applicant messer. Moffell Date 11-2-90	Signature of Applicant Junilely Shoulders Date 11-2-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of Signed Signed Supercribed and sworn to before me this 2 day of HENDRICKS  Clerk of the HENDRICKS  I swear/affirm that the information given in this application is true and correct.  A signed Supercribed and sworn to before me this 2 day of Mov. 1990  Clerk of the HENDRICKS Circuit Court	Signed Kinchelle SS in this application is true and correct.  **Signed Kinchelle SS ADA LOS ADA LOS SUBSCRIBED AND EN ADA LOS CIRCUIT COURTER AND COUNTY SUBSCRIBED
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	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 facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of HENDRICKS ) ss:
Signed Father	Signed Fath
Signed Mother	Signed Moth
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of, 19 Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indian
dated, authorizing the marriage ofJAM	ÆS L. MOFFITT and
KIMBERLY J. SHOULDERS	
I further certify that the following marriage certificate was filed in my o	
	on11-3-90
MARION County, Indiana, JAMES L. MOFFITT	
IN (state), and KIMBERLY J. SHO	
	d under a marriage license that was issued by the Clerk of the Circu
Court of HENDRICKS County, Indiana, dated 11-	
count of county, matana, dated	(official designation)
	11 0 00
Filed and recorded in accordance with the laws of the State of Indiana of	일 <sup>40</sup> 개발 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Signed Larrie James Cle
AFML/PD I	HENDRICKS Circuit Con
	CIFCUIT COL

AFML/PD 1

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Line Jupple M.D.

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Are First & Middle & Last	Name Trist Middle lelle Last Lemma
Date of Birth Month Day 20 Year 6 9	Date of Birth Month 7 Day 6 Year 20
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of B.R. City 2/ County State	Residence Aderess / Street of R.R. City County State
POBAY 169 Milkenson, on.	2470 West 200 north Namelle,
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate Other (Specify) Australia Rec	Date of birth verified by: Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No □ / Yes □	If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No√ Yes □	3. Are you now under the influence of an alcoholic beverage? No ✓ Yes □
4. Are you now under the influence of a narcotic drug? No√Z Yes □	4. Are you now under the influence of a narcotic drug? No ✓ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father Market Lagran Lagran	7. (a) Full name of applicant's make Semmons
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Danaelle on
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother Declaration Williams	mother marily are sign
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Bittiplace of mother (state of foreign country)	Birthplace of mother (state of foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). 1 1 1	immune deficiency syndrame.
Signature of Applicant Trady / Date 11-2-90	Signature of Applicant Aux 4/. Numoricate 11-2-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs.  Clerk of Court Date	Clerk of Court Date
	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Freddy 7, Som	Signed Dawn M. Simmons
New Address	New Address
Subscribed and sworn to before me this 2 day of 700 19 96	Subscribed and sworn to before me this 2 md day of
Comic Lawson Clerk of the HENDRICKS Circuit Court	Connie Lawren Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	state facts which make the consent of the other parent unhocessary
State of Indiana HENDRICKS  ss:	State of Indiana HENDRICKS ss:
County of	County of)
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the  Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated $11-2-90$ , authorizing the marriage of	FREDDY LEE GOSSER and
DAWN MICHELLE SIMMONS	
I further certify that the following marriage certificate was filed in my o	ffice:
I, ESAU HUFF (name), certify that	on (date), at NORTHVIEW CHRISTIAN CHURCH
HENDRICKS County, Indiana, FREDDY LEE GOSS	
IN(state), andDAWN MICHELLE SIMMON	NS of HENDRICKS County,
TN TN	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 11-9	
/ / FORM UNITED	(afficial desirable)
Signed by.	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	11-15-90 (date).
	Signed Inne Journe Clerk

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

File

| //- Q - 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

Medical Examination or Report Dated

HENDRICKS

\_\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Orrald Matthew Daniels	Name Norma Parlene Chracks
Date of Birth Month 6 Day 29 Year 78	Date of Birth Month 2 Day 3 Year 63
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of R.R. City County State 4623/	Residence Address Street or R.R. City County State State 4623
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married  OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce 🖌 Annulment □
Date of birth verified by: Birth Certificate    Other (Specify)	Date of birth verified by: A Birth Certificate  Other (Specify)
Sand of Sand (Specify)	Sales of Small Committee in Carlot (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ₩ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?  No Yes   Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
2. Are you related to the female applicant closer than second cousin? No Yes   3. Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage?  No Yes   Yes
4. Are you now under the influence of a narcotic drug? Nov Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Michael Elwards
	andy Chuards 9 yrs; Kristina Kdwards
3. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
7. (a) Full name opapplicant's '	7. (a) Full name of applicant's
father David C. Nancela	father James M. Whitaker
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Strubb	(b) Full maiden name of applicant's megler
Residence of mother (if deceased, so state) Probable in	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Jana M. Daniel Date 11-2-90	Signature of Applicant Walman Edwards Date 11-2-96
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana  County of HENDRICKS, Ss:   I swear/affirm that the information given in this application is true and correct
signed Donald M. Daniels	Signed & Olma ). Colwards
New Address	New Address
Subscribed and sworn to before me this 2 day of Nr 19 90  Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 2 day of 2 19 90
Clerk of the Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	Comprehensive Co
State of Indiana HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
	County of
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of 19	Signed Mother  Subscribed and sworn to before me this day of 19
Clerk	Subscribed and sworth to before me this day of 19 Clerk
COMPLETE IE MADDIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I 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	DONALD MATTHEW DANIELS and
NORMA DARLENE EDWARDS	
I further certify that the following marriage certificate was filed in my o	ffice:
CYNTHIA J. SPENCE (name), certify that	on11-5-90 (date), atDANVILLE in
HENDRICKS County, Indiana, DONALD MATTHEW DA	ANIELS of HENDRICKS County,
IN (state), and NORMA DARLENE EDWA	ARDS 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-	
Signed by:/s/ CYNTHIA J. SPENCE, 1ST DEPUTY	
Filed and recorded in accordance with the laws of the State of Indiana on	11-5-90 (date).
	Signed Towns James Clerk

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

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

Female

Medical Examination or Report Dated 10-27-90

Name of Physician Pour

MALE APPLICANT	FEMALE APPLICANT
Name Mitabell Middle Last Speaker	Name Akena Dian Middle Ellaber
Date of Birth Month Day Year	Date of Birth Month Day 3 Year 5
Place of Birth (State or foreign country) Jancaster, Ken.	Place of Rirth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address of Street or R.R. City County State
1811 Crystal Day, Clainfield, Gro 46/60	16340 Sharow Inaple To 4622
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married A OR
Last Marriage Ended By: Death □ Divorce ★ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)   Bruvers dic
1. Are you now or have you ever been adjudged to be of unsound mind? No 🔁 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No  Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No   Yes □  If answer is "yes," has the adjudication been removed?  No □ Yes □
2. Are you related to the female applicant closer than second cousin? No 💢 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No ✓ Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No   ✓ Yes □
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No   ✓ Yes □
5. List the full names of any dependent children. Muhael Van -3/2  Amanda Lee - 22 months	List the full names of any dependent children.
	6 (1) 5.11
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's folios + Van Jacob so	7. (a) Full name of applicant's and 1 1801
Residence of father /// deceased as atotal	father William Wavice Clary
Birthplace of father (State or foreign country)  Birthuckur	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's
mother Shovena formell	mother Josephine Howkins
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Millett Clan Spech Date 11-5-90	Signature of Applicant COMA 0.7 Closer Date 11-5-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct
ATT ALL D	ounty of
New Address 1750 FRANKLIN ST. CONTENTED	Y Signed Wena D. Elleby
	New Address School
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 19
	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
Marie Carlo	
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ss:
	County of)
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of	Signed Mother
Clerk	Subscribed and sworn to before me this day of, 19
THE RESIDENCE OF THE PARTY OF T	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	CI L ALL CI V. C. V. C. L. C. HENDRICKS
11-5-00	
dated, authorizing the marriage of	Mitchell Van Speaks and
Arena Diane Ellaby	
I further certify that the following marriage certificate was filed in my of	fice:
I, Janice S. Chilewski (name), certify that	on Nov.5, 1990 (date), at Danville in
Hendricks County, Indiana, Mitchell Van Spe	eaks Hendricks
Indiana (state), and Arena Diane Ellaby	Marion
Indiana	or county,
	under a marriage license that was issued by the Clerk of the Circuit 5, 1990
Country, Indiana, dated	Clark
Signed by: Janice S. Chilewski Chief Deputy	(Official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	November 5, 1990 (date).
	ciand Cannin In
	ORIA CICIA
AFML/PD 1	HENDRICKS

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File 11-5-90
Date of Application

537

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

And B. Taggard, M.

HENDRICKS

\_\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Pirst Middle De Lest	Name Lenda Lauise Jast lan
Date of Birth Monthy Day 7 Year 7 O	Date of Birth Month 9 Day 9 Year 5
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
6 n. Lacust Cl., Danaille In	7335 Hockleigh One apt H Indo
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce Annulment □
Date of birth verified by:   Birth Certificate Sother (Specify) Sheries Lice.	Date of birth verified by: Birth Certificate Cother (Specify) Drivers Ric.
Are you now or have you ever been adjudged to be of unsound mind? Novel Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes □
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ /Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ☑ Yes □
3. Are you now under the influence of an alcoholic beverage? No√L Yes □	3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No ♥ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Sign for the form of t	7. (a) Full name of applicant's foliage of the
father Torrice Net recompany	father gran recourse gran
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's
mother Severy lan Moeller	mother Wanda prnet Rwell
Residence of mother (if deceased, so state) Typent, So. Dak.	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired firmune deficiency syndsome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant from Pecken paugh Date 11-5-90	Signature of Applicant Sunda B. Tolan Date 11-5-96
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS  State of Indiana HENDRICKS  Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ) ss:   in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
Signed Ryan Hocken Daugh	Signed Beside B. Tolan
New Address 7335 Rockletgh Ave. Apt. A	New Address 2335 Rockleigh Ang #A  Subscribed and sworn to before me this 5 th day of Nov. 1990
Subscribed and sworn to before me this 544 day of 19 90	Subscribed and sworn to before me this 5th day of Nov. 1990
Clerk of the HENDRICKS Circuit Court	Corneltains Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	The same of the sa
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the circuit court of county, indiana,
dated //-5-90, authorizing the marriage ofF	RYAN LEE PECKENBPAUCH and.
LINDA LOUISE TOLAN	
I further certify that the following marriage certificate was filed in my o	ffice:
I, JOHN H. HESSELDENZ (name), certify that	
1   1   1   1   1   1   1   1   1   1	
	IPALIGH of HENDRICKS County,
용하다 하는 것 같아요. 그리고 있다면 하다 하나 있다면 나는 사람들이 되었다. 그리고 있는 사람들이 되었다면 하다	of MARION County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 11-1	.0–90
Signed by: /s/ JOHN H. HESSELDENZ , JUDGE MARIC	N COUNTY (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
Thea and recorded in accordance with the laws of the state of Indiana on	(uate).
	Signed Some Janes Clerk

AFML/PD1

IC 31-7-9-1. Furnishing false information upon applying for license.

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

**Female** 

County

File //- 2-90
Date of Application

HENDRICKS

Circuit Court

629

A person who knowingly furnishes false information to a clerk of the Medical Examination or Report Dated circuit court when the person applies for a marriage license under IC Name of Physician 31-7-3 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Place of Birth (State or tareign country) Previous Marital Status: Never Married Previous Marital Status: Never Married Death □ Divorce □ Annulment □ Last Marriage Ended By: Divorce Death Date of birth verified by: 

Birth Certificate Cher (Specify) Date of birth verified by: 

Birth Certificate other (Specify) Are you now or have you ever been adjudged to be of unsound mind? NOVO Are you now or have you ever been adjudged to be of unsound mind? No D If answer is "yes," has the adjudication been removed? If answer is "ves." has the adjudication been removed? Are you related to the male applicant closer than second cousin's Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Yes Are you now under the influence of an alcoholic beverage? No.D Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children (a) Full name of father (a) Full name of father of dependent children of dependent children Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of mother (b) Full maiden name of mother of dependent children of dependent children Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) (a) Full name of applicant's father (a) Full name of applicant's father Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) immune deficiency syndrome) Signature of Applicant Mucheller Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs acknowledgment because of religious beliefs Clerk of Court Date Date Clerk of Court I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana HENDRICKS HENDRICKS County of Tron 19 96 Subscribed and sworn to before me this nusm Clerk of the Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_ state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS State of Indiana HENDRICKS County of \_\_\_ County of \_ Signed Mother Mother Signed Signed day of \_ Subscribed and sworn to before me this \_\_\_\_ \_ day of \_ Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued\_ authorizes and directs the issuance of a marriage license to the above named parties. and filed in\_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana, I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_\_\_\_ 11-7-90 \_\_, authorizing the marriage of \_\_\_\_\_ CARL\_EDGAR\_VANRIJK MICHELLE LYNN MUELLER I further certify that the following marriage certificate was filed in my office: 11-24-90 (date), at \_\_\_\_INDIANAPOLIS I, DOUGLAS L. TALLEY (name), certify that on \_\_\_\_ MARION County, Indiana, CARL EDGAR VANRIJK \_\_\_\_ of \_\_\_ HENDRICKS \_\_\_ (state), and \_\_\_\_ MICHELLE LYNN MUELLER \_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit HENDRICKS County, Indiana, dated 11-24-90 Court of \_\_\_ Signed by: \_/s/ DOUGLAS L. TALLEY , MINISTER (official designation) Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_11-27-90

**APPLICATION FOR MARRIAGE LICENSE** 

HENDRICKS

11- 7-96 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

\_ County

Name / First / Middle Mast /	FEMALE APPLICANT
Edward Ree Doaman	Name June First Survide Mc Last uffle
Date of Birth May Month 5/ Day 1934	Date of Birth December Month 20 Day 1930
Place of Birth (State or foreign country) Lintucking	Place of Birth (State or foreign country) (Indiana)
Residence Address Street or R.A. City County State	Residence Address Street of R.R. Gity Logunty State
Provident Marital Octava Nava Marital E	11987 WILLIAM GORGAN HUMEN SIN
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 1/2 Yes	1. Are you now or have you ever been adjudged to be of unsound mind? Not Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ( Yes	2. Are you related to the male applicant closer than second cousin? Not Yes
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ✓ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Vatra Un Mandanau	7. (a) Full name of applicant's Paul Alandaria
father Will Kill Albert Miles	father Faul Chapen Firstly
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Edna May Lleary	(b) Full maiden name of applicant's faura sight
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	The state of the s
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndromet.	immune deficiency syndrome).
Signature of Applicant Success Vac State 11-1-70	Signature of Applicant June Jerrel Md uffer Date 11-7-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.
Ksigned Sugar Das Loodman	
New Address Some as about	Signed June Forrel Mchaffee
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Division in the contract of th	
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
SignedFather	
Signed Mother	SignedFather
Subscribed and sworn to before me this day of	Signed Mother
Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 11-7-90 , authorizing the marriage of ED	WARD DEE GOODMAN and
JUNE FERREL MCDUFFEE	
I further certify that the following marriage certificate was filed in my of	
I,	
MARION County, Indiana, EDWARD DEE GOODM	
INJUNE FERREL McDUF	FEE 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, dated11-7-	
	(official designation)
	11_12_00
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed
AFML/PD1	HENDRICKS Circuit Court
	Circuit Court

### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No.	631
File	
	11-8-90
1 4 4 4	Date of Application

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

Female

Medical Examination or Report Dated 16-19-90

Name of Physician Argunt Dated Discho

MALE APPLICANT	FEMALE APPLICANT
Name Harold First attended Emiliation	Name Jant First Middle Highes
Date of Birth Culic Month 20 Day 1940ay	Date of Birth Fub Month 10 Day 1945
Place of Birth (State of foreign country) Vi introbia	Place of Birth (State or foreign country) Kuntucku
Residence Address Street or B. P. City / County h State	Residence Address Street or R. A. Girly State County State on
KK 2007 41, Ramore, Narabulas, St.	Previous Marital Status: Never Married □ OR
Previous Marital Status: Never Married OR	
Last Marriage Ended By: Death Divorce Annulment	De Granen
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No√ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?  No Yes   Yes  Yes
2. Are you related to the female applicant closer than second cousin? No to Yes	2. And you rotated to the mails approach closes than seems a state of the state of
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	Are you now under the influence of an alcoholic beverage?      No ☑ Yes ☐      Are you now under the influence of a narcotic drug?
4. Are you now under the influence of a narcotic drug? No⊍□ Yes □  5. List the full names of any dependent children.	5. List the full names of any dependent children.
	6. (a) Full name of father
3. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Dranville Emurson	7. (a) Full name of applicant's William Rewis Margan
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Anni Mour Mar ples	(b) Full maiden name of applicant's Anna Frances Watson
mother	Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Distribute of methol (charle of toroign country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Harel afton Energy ate 11-8-90	Signature of Applicant fanet See Chugher Date 11-8-90
Signature of Applicant Handle apron Company Pate	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
I supported from that the information given	State of Indiana
County of HENDRICKS ) ss: Is wear/affirm that the information given in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Kinged Harall altan Emerson	(Signed Janet Lee Blughes
New Address SAME	New Address Subscribed and sworn to before me this S day of 1990
New Address 5 AM & day of 1900, 1990	Subscribed and sworn to before me this g day of 1990
Clerk of the HENDRICKS Circuit Court	Consid Yallasour Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state lacts which make the consent of the other parent diffeoessary	State lacts which make the consent of the oxici parent dimedostary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County or	County of)
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the  Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
	MENDRICKS
I certify that there was filed in my office a marriage license issued by the	
dated, authorizing the marriage of	HAROLD A. EMERSON and
JANET L. HUGHES	
I further certify that the following marriage certificate was filed in my	office:
	on11-10-90 (date), at AMERICAN LEIGON HALL in
HENDRICKS County, Indiana, HAROLD A. EMERSO	
IN	of HENDRICKS County,
	d under a marriage license that was issued by the Clerk of the Circui
HENDRICKS - 11	
/c / PODERT H WATSON MINISTER	
Signed by:,	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana o	
	n 11-16-90 (date).
	n (date).  Signed

\_\_\_Circuit Court

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. Medical Examination or Report Dated 11-5-90
Name of Physician There Wirlt

MALE APPLICANT	FEMALE APPLICANT
Name Trist De Middle Planten Last	Name List and anaette Last Jarmon
Date of Birth Month 2 Day 23 Year 63	Date of Birth Month Day // Year 6.5
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce ★ Annulment □	Last Marriage Ended By: Death □ Divorce ★ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify) Minute Liv.	Date of birth verified by:   Birth Certificate   Other (Specify) Drivers Le
Are you now or have you ever been adjudged to be of unsound mind?     No. ✓ Yes □     If answer is "yes," has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes □     If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ✓ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.
5. List the full names of any dependent children. Nelde flekafangh by	5. List the full halfles of any dependent officient.
6. (a) Full name of father	6. (a) Full name of father
of dependent children  Residence of father (if deceased, so state)	of dependent children
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
Residence of mother (if deceased, so state)	of dependent children
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Lee Perkensuch	7. (a) Full name of applicant's ter Lee Carmon
Residence of father (if deceased, so state) Brygant, So. Dak.	Residence of father (if deceased, so state) Sall Lake City, Ute
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's nother Published Jean Moeller	(b) Full maiden name of applicant's May Lahr
Residence of mother (if deceased, so state) Bryant, So. Dake.	Residence of mother (if deceased, so state) Mt. Derna Ja.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jay & Milen Jang Date 1/9/90	Signature of Applicant Susual Date 11/9/9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.  Clerk of Court Date
State of Indiana	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS SS: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed lary feekenstaugh 11	Signed Orall Harmon
New Address / Same	New Address Same a about
Subscriped and sworn to before me this 94 day of 1996  Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 9 day of 7 19 96  Chanic Laven Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	
County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the  Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated	
LISA ANNETTE HARMON  I further certify that the following marriage certificate was filed in my o	flica
I further certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the certify that the following marriage certificate was filed in my of the c	
MARION County, Indiana, TROY DEAN PECKE	
IN(state), and LISA ANNETTE HAR	
그렇게 하는 데마 이번 가게 무슨 때 하는데 그 사람이 보는데 하는데 되는데 이번 때문에 되었다고 하는데	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 11-1	
count of county, indiana, dated	ION COUNTY(official designation)
	11-15-90
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed Tame Town Clerk
AFML/PD 1	HENDRICKS Circuit Court

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No	633	
File _		

11-9-90 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 11-10-90

Name of Physician Larry Hughes

MALE APPLICANT	FEMALE APPLICANT
Name First O. Middle Last	Name First Middle Last
Date of Birth Month 3 Day Year 160	Date of Birth Month Day Year Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or B.R. City County State-	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🌹 Yes 🗆	1 Arayayaayaa
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?  No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ♥ Yes □
<ul> <li>3. Are you now under the influence of an alcoholic beverage?</li> <li>4. Are you now under the influence of a narcotic drug?</li> <li>No ☐ Yes ☐</li> <li>Yes ☐</li> </ul>	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  Truck  Process  Yes
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maider name of mother of dependent children	(b) Full maider name of mother of dependent children
Residence of mother (N deceased, so state)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's	Birthplace of mother (State or foreign country)
father	7. (a) Full name of applicant's father father
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) . Moorequille on
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	Birthplace of father (State or foreign country)
mother Those the Settle	(b) Full maiden name of applicant's mother Donata Hastings
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
The state of total of	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant & Radall O. Kap Date 11-9-90	Immune deficiency syndrome)
The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss:   I swear/affirm that the information given in this application is true and correct.
Signed & Rahall O. K.	The state of the s
New Address 711 Properett Manfield III	Signed R. J. J. Signed R. May S. May St. Harn Cold St.
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this 4 day of 2001
Commel James Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We the parents of this applicant, boroby give some start to the parents of the parents	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana	- A Company of the Co
County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father	SignedFather
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorizes and directs the is	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	
DENA R. DAVIS	and
I further certify that the following marriage certificate was filed in my off	
SHAN RUTHERFORD (name) certify that o	n 11-10-90 (date), at GREENWOOD in
JOHNSON County, Indiana, RANDY O. KEY	
IN (state), and DENA R. DAVIS	HENDDICKE County,
IN (state) were married by me as authorized u	under a marriage license that was issued by the Clark of the Circuit
Court of HENDRICKS County, Indiana, dated 11-10-9	0
Signed by:/s/_SHAN_RUTHERFORD,MINISTER (official designation)	
Filed and recorded in accordance with the laws of the State of Indiana on 11–14–00	
Circular In the American Inc.	
FML/PD I	Clerk
	HENDRICKS Circuit Court

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

File Date of Application

543

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Convad Doe Stephens	Name William Kay Green
Date of Birth Month Day 3 Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
604 Ironwood Dr. PHol.	526 Cobblestone Rd. PHd.
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married  OR
Last Marriage Ended By: Death □ Divorce Annulment □	Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by:   Birth Certificate  Other (Specify)	Date of birth verified by:   Birth Certificate B. Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 1/2 Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes □
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 💢 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No 文 Yes □ 3. Are you now under the influence of an alcoholic beverage? No ♡ Yes □
3. Are you now under the influence of an alcoholic beverage?  No Yes   4. Are you now under the influence of a narcotic drug?  No X Yes   No X	3. Are you now under the influence of an alcoholic beverage?  No
4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children. Yexin, Vikki	5. List the full names of any dependent children. Lyrthia, Lory
6. (a) Full name of father	6. (a) Full name of father of dependent children
of dependent children	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Starbans	7. (a) Full name of applicant's greater Peter Von Laarhoven
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) The Rivers Wise on Sin
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Holland Furope
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's Phyllis Marien, Messing
Residence of mother (if deceased, so state) Loverdale To	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding 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 Sonnol DS Lephone 11-9-98	Signature of Applicant Marily 4. Sheet Date 11/9/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.  Clerk of Court Date
District Court	State of Indiana ) I swear/affirm that the information given
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS in this application is true and correct.
signed & Comod Ottphens	Signed Merilys K. Greet
New Address	New Address
Subscribed and sworp to before me this 9 day of 1990	Subscribed and sworp to before me this day of
Clerk of the HENDRICKS Circuit Court	Lanie Tourse Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	No. of Contract of
State of Indiana HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	Court, by written order issued issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana
dated 11-9-90 , authorizing the marriage of	ONRAD D. STEPHENS and
MARILYN K. GREER	
I further certify that the following marriage certificate was filed in my o	office:
I, CYNTHIA J. SPENCE (name), certify that	
HENDRICKS County, Indiana, CONRAD D. STEPH	IENS of HENDRICKS County
	of HENDRICKS County
	d under a marriage license that was issued by the Clerk of the Circu
Court of HENDRICKS County, Indiana, dated	
Signed by: /s/ CYNTHIA J. SPENCE , 1ST DEPUTY	
Filed and recorded in accordance with the laws of the State of Indiana o	
	Signed Innie Rouse Cler
	THE PROPERTY OF THE PARTY OF TH

AFML/PD1

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

900	
THE RESERVE OF THE PARTY OF THE	
11.9.90	
Date of Application	

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Sonn Med

No.

File

MALE APPLICANT	FEMALE APPLICANT
Name Stephen Middle Last	Name Christing Middle Casaway
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
DH	70
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce ☐ Annulment □	Last Marriage Ended By: Death □ Divorce \② Annulment □
2 4	Date of birth verified by:   Birth Certificate   Other (Specify   N
Date of birth verified by: Birth Certificate (Other (Specify)	Date of birth verified by: Diffin Certificate Diffine (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🖟 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 💢 Yes 🗆
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?  No ✓ Yes □  4. Are you now under the influence of a narcotic drug?  No ✓ Yes □
4. Are you now under the influence of a narcotic drug?  No   Yes □  List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No V Yes  5. List the full names of any dependent children.
5. List the full names of any dependent children. Shake the full names of any dependent children.	5. Electric for names of any dependent crimeron.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7. (a) Full name of applicant's
Residence of father (if deceased, so state) The Palacetic OH	Residence of father (if deceased, so state)
011	
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's
mother Dies Delone Houses	mother Mary June
Residence of mother (if deceased, so state) Dando Houde	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Ataphlen w June Date 11/9/90	Signature of Applicant Livestina K. Gasaway 11/9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed X Stephen W Jurner	Signed Khristian K. Gasaway
New Address	New Address
Subscribed and sworp to before me this 9 day of 1990	Subscribed and sworn to before me this day of
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IS MARRIAGE LIGHTER BY CORDER OF COURT	
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, authorizes and directs the	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the circuit court ofcounty, indiana,
dated, authorizing the marriage of	Stephen W. Turner and
Christina K. Gasaway	
I further certify that the following marriage certificate was filed in my o	
	on 12-22-90 (date), at St. Luke's U.C. in
Marion County, Indiana, Stephen W. Turn	
Indiana (state), and Christina K. GAsawa	of Hendricks County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated11-	9-90
Signed by: Bradford F. Purdy Clergyman	
	3 TO 2 PH 1 TO 1 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO 1
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Connu Jameson Clerk
AFML/PD I	HENDRICKS Circuit Court

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

No.	436
File .	
	11-9-90
	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 11-9-90

Name of Physician Diving Med. Ulivia

HENDRICKS

Date of Brith    April   County   Count	MALE APPLICANT	FEMALE APPLICANT
Does of them Number of Service of Ten County (1997)  Provided Michael States (1997)  Provided	Name P First Middle H L Last	Name C First Middle L Last
Process Market States 1 (Section 1) States Annual Control of States Ann		
The designed shows and shows a street of the control of the contro	Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Previous Named Indians. New Married   On    Last Marriage Friend   Dearn   On Dorons Q. Annahuman   On    Last Marriage Friends   Dearn   On Dorons Q. Annahuman   On    Last Marriage Friends   On the Centre on Control Control    An appear friend   Dearn   On Dorons Q. Annahuman   On    Last Marriage Friends   On the Centre on Control Control    An appear friends   On the Centre on Control    An	Residence Address Street or R.R. City County State	Residence Address Street or R.R. City, County State
Prescot Berein Batter. Never Married Color Chem.   Debts   Deb		11 mores of 10. 12 mod
Date of turn worked by C Birth Certificals (), Other Cipyoutry Cip	Previous Marital Status: Never Married OR	Previous Marital Status: Never Married SQ OR
1. An spot new of have you were been educated to be of unknown mind? No Eg. Yes D If the series in year, has the adjudention been removed?  No D Ves D 2. An export own of the man degree of the common mind? No Eg. Yes D 3. Any province of the man degree of the mind of the man of an individual town memorial or an individual town of the mind of the mind of any dependent children  1. (a) Full memorial or any dependent children  1. (b) Full memorial or any dependent children  1. (c) Full memorial or any dependent children  1. (d) Full memorial or any dependent children  1. (e) Full memorial or an	Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death Divorce Annulment
Harmon in Year Than the adjustation beam removal?   No. 0 Yea   C	Date of birth verified by:   Birth Certificate   CyOther (Specify)	Date of birth verified by:   Birth Certificate Other (Specify)
2. An any sour come the findhers of the control country 4. Any sour course the efficience of a second country 5. Any sour course the efficience of a second country 6. Any sour course the efficience of a second country 6. Little the full memors of any dependent children 6. (c) Fall cannot of faither 7. (d) Fall damed on control 7. (d) Fall cannot on control 8. (d) Fall cannot on control 9. (d) Fall cannot control 9. (d) Fall cannot on control 9. (d) Fall cannot control 9. (d) Fall control 9.	Are you now or have you ever been adjudged to be of unsound mind? No   ✓ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes □
2. An approace was the finitherior of an activation bearings?  5. Let the full names of any dependent children.  6. (c) Fill names of any dependent children.  6. (d) Fill names of any dependent children.  6. (d) Fill names of any dependent children.  6. (e) Fill names of any dependent children.  7. (e) Fill names of any dependent children.  8. (e) Fill names of any dependent children.  8	If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
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Let the full names of any dependent children.  6. (i) Full names of any dependent children.  7. (ii) I all makes name of morber of dependent children of companies of companies of companies of companies of companies.  8. (iii) I make name of morber of dependent children of companies of companies of companies of companies.  8. (iii) I make name of morber of dependent children of companies of companies of companies.  8. (iii) I make name of morber of companies of companies of companies of companies of companies.  8. (iii) I make name of morber of companies of c		
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(b) Full maskers make of motioner of objection children. Residence of sucher (if docesses, so state)  Bittingtone of mother (Ellise or foreign country)  7. (ii) Full name of applicant in the product (Ellise or foreign country)  8. (iii) Full name of applicant in the Classes of the Classes o		
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Birthplace of father (State or foreign country)  Birthplace of father (State or foreign country)  Birthplace of father (State or foreign country)  Birthplace of mother (if deceased, so state)  Birthplace or mother (State or foreign country)  ACKNOWLEDMENT  ACKNOWLEDMENT	father Jany Hall of	
(b) Full make an amon of applicant's Presidence of mother (if decessed, so state)  Birthylias of mother (if decessed, so state)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding deoperous communicable diseases that are security transmittips' ring jail of the test state for the virus that causes ADS (sequined state are security transmittips' ring jail of the test state for the virus that causes ADS (sequined state are security transmittips' ring jail of the test state for the virus that causes ADS (sequined state are security transmitted, and site of the test state for the virus that causes ADS (sequined state are security transmitted, and site of the test state for the virus that causes ADS (sequined state are security transmitted, and site of the test state for the virus that causes ADS (sequined state are security transmitted, and site of the test state for the virus that causes ADS (sequined state are security transmitted, and site of the test state for the virus that causes ADS (sequined state are security transmitted, and site of the test state for the virus that causes ADS (sequined state are security transmitted, and site of the test state for the virus that causes ADS (sequined state are security transmitted, and site of the test state for the virus that causes ADS (sequined state are security transmitted, and site of the test state for the virus that causes ADS (sequined state are security transmitted, and site of the state state for the virus that causes ADS (sequined state are security transmitted, and site of the state of the state are security transmitted, and site of the state of the state are security and state of the state are security transmitted, and site of the state of the state are security transmitted, and site of the state of the state of the state of the state are security transmitted, and site of the state of the state are security transmitted. The state are security transmitted. The state are security transmitted. The state are stated to the state of the state a		000
Residence of mother (if decessed, so state) Birhipiace of mother (if decessed, so state)  ACKON/LEDOMENT    ACKON/LEDOMENT	(h) Sull maiden name of applicants	
Birrhpiace of mother (State or foreign country)  ACKNOWLEDGMENT  ACKNOWLEDGMENT  ACKNOWLEDGMENT  ACKNOWLEDGMENT  ACKNOWLEDGMENT  ACKNOWLEDGMENT  ACKNOWLEDGMENT  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that was exclusify transmitted, and a list of the state late for the virus that causes AIDS (sequent information deficiency provided).  Signature of Applicant  The above applicant has objected to verifying by cath or affirmation or signature to the above acknowledgement because of religious beliefs.  Clierk of Court  Date  Date  I acknowledge that I have received information gastering dangerous communicable diseases that was exclusify transmitted, and a list of the state late for the virus that causes AIDS (sequent information given before that applicant has objected to verifying by cath or affirmation or signature to the above acknowledgement because of religious beliefs.  Clierk of Court  Date  Date  Clierk of Court  Clierk of Court  Clierk of Court  County of Support  Acknowledge that I have received information gastering that the information given become of the province of the application is true and correct.  Signed  Signed  County of The HENDRICKS  County of The HENDRICKS  Clierk of the HENDRICKS  Clierk of the HENDRICKS  Clierk of the HENDRICKS  Clierk of Court  Clierk of the speciation is true and correct.  Signed  Father  Signed  Father  Signed  Father  Signed  Father  Signed  Father  County  Authorizes and directs the issuance of an arriage license having been refused to the above named parties.  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT, A marriage license having been refused to the above named parties.  RETURN OF MARRIAGE LICENSE issued by the Clierk of the Circuit Court of HENDRICKS  County, Indiana, and Justice and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE issued by the Clierk of the Circuit Court of HENDRICKS  County, Indiana, Glately, and County, Indiana, Glately, and		
ACKNOWLEDGMENT  Lakknowledge that I have received information regarding dangerous communicable diseases that are secularly anamalines an experimental control of the states for the state of the states for the states and the dauges and the countered information regarding dangerous communicable diseases and the area examples afformed and the states and the countered and the states and the countered and the states are states for the virus that causes AID designation of signature of applicant in the operation of signature of applicant in the specificant is true. The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of religious beliefs.  Signature of applicant in an objected to verifying by oath or affirmation or signature to the above acknowledgement because of religious beliefs.  Signature of applicant in an objected to verifying by oath or affirmation or signature to the above acknowledgement because of religious beliefs.  Signature of applicant in the signature to the above acknowledgement because of religious beliefs.  Signature of applicant in the signature to the above acknowledgement because of religious beliefs.  Signature of applicant in the signature to the above acknowledgement because of religious beliefs.  Signature of policient of count of country of country of country of country of country of country of the above acknowledgement because of religious beliefs.  Signature of policient because of religious belie	Residence of mother (if deceased, so state)	ricoldenice of interior (in decoded of the state)
I take consider that I have received independent communication decisions with an executive transmitted, and a list of the test sites of the virus that causes ADS (equired immune deficiency syndrome). Signature of Applicant App	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndrotyne).  Signature of Applicant	ACKNOWLEDGMENT	ACKNOWLEDGMENT
Clerk of Court  State of Indiana HENDRICKS  Subscribed and sworn to before me this golicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary  Signed		that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above
Signed Subscribed and sworn to before me this		
Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  County of Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County of Warther 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 (GINA ANN LATTA)  I further certify that the following marriage certificate was filed in my office:  I, GEORGE PURNELL (name), certify that on 11-10-90 (date), at PITTSBORD in HENDRICKS County, Indiana, ALABAMA (state), and GINA ANN LATTA of HENDRICKS County, Indiana, PAUL ANTHONY HALL of MADISON County ALABAMA (state), and GINA ANN LATTA of HENDRICKS County, Indiana, dated 11-10-90 (official designation)  Signed by: /s/ GEORGE PURNELL PASTOR (official designation)	Signed New Address	County of HENDRICKS in this application is true and correct.  Signed Land Agatta  New Address
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary.    State of Indiana HENDRICKS   SS:   Signed   Father Signed   Signed   Mother Sign	Subscribed and sworn to before me this day of	
Signed Signed Signed Mother Signed Signed Signed Signed Signed Mother Signed Subscribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Signed S	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
Signed	State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed	Signed Father	Signed Father
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 and GINA ANN LATTA  I further certify that the following marriage certificate was filed in my office:  I, GEORGE PURNELL (name), certify that on 11-10-90 (date), at PITTSBORO in HENDRICKS County, Indiana, PAUL ANTHONY HALL of MADISON County ALABAMA (state), and GINA ANN LATTA of HENDRICKS County Indiana, GINA ANN LATTA of HENDRICKS County Indiana, dated 11-10-90  Signed by: /s/ GEORGE PURNELL , PASTOR (official designation)		Signed Mother
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 authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana and GINA ANN LATTA  I further certify that the following marriage certificate was filed in my office:  I, GEORGE PURNELL (name), certify that on 11-10-90 (date), at PITTSBORO in HENDRICKS County, Indiana, PAUL ANTHONY HALL of MADISON County ALABAMA (state), and GINA ANN LATTA of HENDRICKS County, Indiana, GINA ANN LATTA of HENDRICKS County, Indiana, dated 11-10-90  Signed by: /s/ GEORGE PURNELL , PASTOR (official designation)		Subscribed and sworn to before me this day of, 19
County	Clerk	Clerk
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I 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 PAUL ANTHONY HALL and GINA ANN LATTA  I further certify that the following marriage certificate was filed in my office:  I, GEORGE PURNELL (name), certify that on11-10-90 (date), atPITTSBORO in	County	Court, by written order issued
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana dated	and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
dated	RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
dated	I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana
GINA ANN LATTA  I further certify that the following marriage certificate was filed in my office:  I, GEORGE PURNELL (name), certify that on 11-10-90 (date), at PITTSBORO in HENDRICKS County, Indiana, PAUL ANTHONY HALL of MADISON County ALABAMA (state), and GINA ANN LATTA of HENDRICKS County INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circu Court of HENDRICKS County, Indiana, dated 11-10-90  Signed by: /s/ GEORGE PURNELL , PASTOR (official designation)		
I further certify that the following marriage certificate was filed in my office:  I, GEORGE PURNELL (name), certify that on 11-10-90 (date), at PITTSBORO in HENDRICKS County, Indiana, PAUL ANTHONY HALL of MADISON County ALABAMA (state), and GINA ANN LATTA of HENDRICKS County INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circum Court of HENDRICKS County, Indiana, dated 11-10-90  Signed by: /s/ GEORGE PURNELL , PASTOR (official designation)		and
HENDRICKS County, Indiana, PAUL ANTHONY HALL of MADISON County ALABAMA (state), and GINA ANN LATTA of HENDRICKS County  INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circumstance of County of HENDRICKS County, Indiana, dated 11-10-90  Signed by: /s/ GEORGE PURNELL PASTOR (official designation)		office:
ALABAMA (state), andGINA ANN LATTAofHENDRICKS CountyINDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circumpter of	이 가득게 되어 지나가 살아보는 살아보다 모르네요 하는 사람이 가장하다 가게 하는 것이 없다.	
Court of HENDRICKS County, Indiana, dated 11-10-90  Signed by: /s/ GEORGE PURNELL PASTOR (official designation)	ALABAMA (state), and GINA ANN LATT	A of HENDRICKS County
Signed by: /s/ GEORGE PURNELL , PASTOR (official designation)		
11 12 00	count of county, maiana, dated	1-10-90
Filed and recorded in accordance with the laws of the State of Indiana on 11-13-90 (date).	Signed by: /s/ GEORGE PURNELL , PASTOR	(official designation)
	Filed and recorded in accordance with the laws of the State of Indiana or	11-13-90 (date).
THE PARTY OF THE P		Signed Clerk

AFML/PD 1

IC 31-7-9-1. Furnishing false information upon applying for license.

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

**Female** 

County

File

//- 9-90

Date of Application

HENDRICKS

Circuit Court

A person who knowingly furnishes false information to a clerk of the Medical Examination or Report Dated circuit court when the person applies for a marriage license under IC Loutre Name of Physician \_ 31-7-3 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign Street or R.R. City County 1125 man St. Seymou Mampaigno Il. Champalon Previous Marital Status: Never Married OR Previous Marital Status: Never Married Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death □ Divorce ☑ Annulment □ Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes," has the adjudication been removed? If answer is "yes," has the adjudication been removed? No A Yes Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No & Are you now under the influence of an alcoholic beverage? No Ves Are you now under the influence of a narcotic drug? No W Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of father (a) Full name of father of dependent children of dependent children Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of mother (b) Full maiden name of mother of dependent children of dependent children Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) (a) Full name of applicant's (a) Full name of applicant's father William Sherwood W father Williams Residence of father (if deceased, so state) Residence of father (if deceased, so state) Denin Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Normal (b) Full maiden name of applicant's mother mouvales & Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Jann Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome Manual Koben Signature of Applicant \_ Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs Clerk of Court Date Date Clerk of Court I swear/affirm that the information given I swear/affirm that the information given State of Indiana State of Indiana HENDRICKS HENDRICKS in this application is true and correct. in this application is true and correct. County of \_ County of \_ Seymour, IL 6185 lymour 461875 Main St n 00 90 9 day of \_ Subscribed and sworn to before me this . HENDRICKS X ausky Clerk of the H CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS State of Indiana HENDRICKS County of \_ County of Father Signed Signed \_ Signed Subscribed and sworn to before me this \_\_\_\_ \_\_ day of \_\_\_\_ Subscribed and sworn to before me this \_\_\_ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued\_ County \_ 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 \_ County, Indiana, 11-9-90 , authorizing the marriage of WILLIAM S. WINNESHIEK JR. ROBIN D. McNISH I further certify that the following marriage certificate was filed in my office: I, CYNTHIA J. SPENCE (name), certify that on 11-9-90 (date), at DANVILLE HENDRICKS County, Indiana, WILLIAM S. WINNESHIEK JR. of CHAMPAIGN \_\_\_ of \_\_\_ CHAMPAIGN \_\_\_\_ (state), and \_\_\_\_ ROBIN D. McNISH \_ County. \_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit HENDRICKS County, Indiana, dated 11-9-90 Signed by: /s/ CYNTHIA J. SPENCE 1ST DEPUTY CLERK \_\_ (official designation) 11-9-90 Filed and recorded in accordance with the laws of the State of Indiana on \_ (date).

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS Co

\_ 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.

MALE APPLICANT

Female

Medical Examination or Report Dated 10:23 90

Name of Physician 10:23 90

FEMALE APPLICANT

Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
desidence Address Street or B.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married ® OR	Previous Marital Status: Never Married C OR
ast Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate A Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
	Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes □
I. Are you now or have you ever been adjudged to be of unsound mind? No 🗀 Yes 🗆  If answer is "yes," has the adjudication been removed? No 🗆 Yes 🗆	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes □
4. Are you now under the influence of a narcotic drug? No 🛱 Yes 🗆	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
5. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother of dependent children
of dependent children	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7. (a) Full name of applicant's Error Stephen Smuder
father the state of the said o	Residence of father (if deceased, so state)
Residence of father (if deceased, so state)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's K	(b) Full maiden name of applicant's (int a) Course Kidusell.
	modifier
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
Distribute of motive (State of Folerigh Country)	Distributed of motion (could of social)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding 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 Mancy Ly du Date 1/9/90
Signature of Applicant A Sture Date 11/9/90	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  Signed Signed State S	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  Signed Managed Dr. Brownsburg, In 46/12
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
SignedFather	SignedFather
Signed Mother Subscribed and sworn to before me this day of, 19	Signed Mother Subscribed and sworn to before me this day of, 19
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of 19 Clerk
CONTRACT IS MADDIAGE HOUSING ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	JOHN R. STUMPH and
NANCY J. SNYDER	
I further certify that the following marriage certificate was filed in my	office:
T DOLAND DUTLITES (name) contify that	on 12-29-90 (date) at NORTH SALEM in
HENDRICKS County, Indiana, JOHN R. ST	TUMPH Of HANCOCK County,
IN (state), and NANCY J. SNYDER	of HENDRICKS County,
	d under a marriage license that was issued by the Clerk of the Circuit
HENDRICUS	12-29-90
Court of county, material, dated	
Signed by: _/s/ ROLAND PHILLIPS, MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana o	n (date).
	Signed Transactions Clerk
	HENDRICKS Circuit Court
AFML/PD1	Un cuit Court

AFML/PD 1

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Malker MD.

HENDRICKS

MALE APPLICANT	FEMALE APPLICANT
Name Brist g/Middle Bast	Name First Middle Last Last Last
Date of Birth Month 2 Day 25 Year 6 3	Date of Birth Month 2 Day 22 Year 69
Place of Birth (State enforeign country)	Place of Birth (State or foreign country)
Residence Address/ Street or R.R. City County State	Residence Address • Street or R.R. City County State
535 W Jessup Plienfield, In	108 Dranna Dr. Briwishing In.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify) Trules' Lice	Date of birth verified by:   Birth Certificate bother (Specify) Dissess Rice.
The same of the sa	
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes   Ves   Ves	Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □     If answer is "yes," has the adjudication been removed?
If answer is "yes," has the adjudication been removed?  No Yes   Yes  Yes	2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?  No 2 Yes	3. Are you now under the influence of an alcoholic beverage? No ✓ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? Nov Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Charles &	7. (a) Full name of applicants dance Calent Lah
Residence of father (if deceased, so state) Plainfield	Residence of father (if deceased, so state) Brunshung.
.041/	
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	Birthplace of father (State or foreign country)  (b) Full maiden name Capplicant's   (c) Full maiden name Capplicant's   (d) Full maiden name Capplicant's   (e) Full maiden name Capplicant's   (f) Full maiden name Capplicant's   (f) Full maiden name Capplicant's   (h) Full maiden name Capplicant name Capplicant name Capplicant name Capplicant name Capplicant name Capplicant name Capplica
mother alta xaynell sann	mother Tamela Pay Medary
Residence of mother (if deceased, so state) Plunfull, in	Residence of mother (if deceased, so state) Knamburg, Jn.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOW! FDOMENT	ACKNOWI FROMENT
ACKNOWLEDGMENT  acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome).  Signature of Applicant Bradley W. Baugh Date 11-13-90	Signature of Applicant Apoli R. Lach Date 11-13-90
Date 11 10 Date 11 10 Date	Signature of Applicant Communication Date 61 15 10
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS ) ss:   swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss:   I swear/affirm that the information given in this application is true and correct.
Signed Bradley W. Baugh	Signed Godi R. Lach
New Address 250 M. Cost St # 306	New Address 250 N. East St #306 P'field 40
Subscribed and sworn to before me this 13ª day of 2007, 1990	Subscribed and sworn to before me this 13 day of 719 96
Coance Luman Clerk of the HENDRICKS Circuit Court	Connie Lawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County or
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
11 12 01	[발발 문문] '트스티 스테스티스' 그 네트 시대를 본 어린 수 10일 [대대 대 원임 대 발문 원호를 받고 한다면 하는 것은 그 사람들은
dated	BRADLEY WAYNE BAUGH and
JODINA RENAE LACH	
I further certify that the following marriage certificate was filed in my o	office:
[24] [37] [37] [37] [37] [37] [37] [37] [37	on11-16-90 (date), atBROWNSBURG in
HENDRICKS County, Indiana, BRADLEY WAYNE IN (state) and JODINA RENAE LACH	HENDRICKS
(black), and	
	d under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 11	16.00
court of county, manual, dated	-10-90
Signed by:/s/ DOANLD TYLER, MINISTER	(official designation)
	(official designation)

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

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 Brist Middle Wast	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
<u>IN</u>	70
Residence Address Street or R.R. City, County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married B OR	Previous Marital Status: Never Married 🔯 OR
Control of the Contro	Experience and the later and t
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Dirth Certificate Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No ♥     Yes □	Are you now or have you ever been adjudged to be of unsound mind? No      Yes □
If answer is "yes," has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes   If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No 🕱 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No □ Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No 🖫 Yes 🗆
4. Are you now under the influence of a narcotic drug? No X Yes	4. Are you now under the influence of a narcotic drug? No Y Yes
List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father one 10 10 10 10 10 10 10 10 10 10 10 10 10	7. (a) Full name of applicant's Estate 280 Mese.
Residence of father (if deceased, so state)	9,101
Birthplace of father (State or foreign country)	Residence of father (State or foreign country)
(b) Full maiden name of applicant's	Birthplace of father (State or foreign country)  (b) Full maiden name of applicants
mother boothy Mane Bowly	mother Tholas Marrellas Hodas
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Applicant Date 11,3/30	Signature of Applicant X YMMY NOOTO Date 11/13/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana   I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
State of Indiana HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
signed & Buant Willis	COSOO V MAN MAN MOORO
New Address 1010 Mingry Porsts Dudols.	Signed X Shally MacCE
Subscribed and sworn to before me this 13 day of 4 Ashabite 19	New Address
Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 13 day of 1990
Clerk of the Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
State lade which make the consent of the other parent differensially	state facts which make the consent of the other parent unnecessary
State of Indiana	
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
signed & William & willis &. Ester	
Signed X William J. Willis St. Father Signed X Weistley in Wellis Mother	Signed Father
Subscribed and sworn to before me this devot 1990	Signed Mother
	Subscribed and sworn to before me this day 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 Share County authorizes and directs the i	Court, by written order issued and bound
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 11-13-90, authorizing the marriage of B	RIAN LEE WILLIS and
TAMARA LYNN MOORE	
I further certify that the following marriage certificate was filed in my of	ffine:
I, JANICE S. CHILEWSKI (name), certify that	
HENDRICKS County, Indiana, BRIAN LEE WI	of HENDRICKS County,
IN(state), andTAMARA LYNN MOORE	of HENDRICKS County,
TENEDRICUS	under a marriage license that was issued by the Clerk of the Circuit
count of county, indiana, dated	2-0-90
Signed by: _/s/ JANICE S. CHILEWSKI CHIEF DEUTY	CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-6-90
	(date).
	Signed
AFML/PD1	HENDRICKS Circuit Court

## 550

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

AFML/PD 1

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Medical Examination or Report Dated

Medical Examination or Report Dated

Medical Examination or Report Dated

HENDRICKS

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Action	Name First Middle Mast
Date of Birth Month Day Year 1960	Date of Birth Month Day Year 1964
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or B.B. City County State	Residence Address Street or R.R. City County State
10433 W. Stafferd Rd. (Und) Dalph on	357 Ky Walt It C maple (Marian) St.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate   Other (Specify)   Augustical   Other (Specify)	② Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No   ✓ Yes □	If answer is "yes," has the adjudication been removed? No   ✓ Yes □
2. Are you related to the female applicant closer than second cousin? No Ves	2. Are you related to the male applicant closer than second cousin? No Ves 🗆
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?  No ☐ Yes ☐  4. Are you now under the influence of a narcotic drug?  No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?  No □ Yes □  5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)(b) Full maiden name of mother
(b) Full maiden name of mother of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's lie Carrille Action	7. (a) Full name of applicant's father Ernest Lleyd Wills
Residence of father (if deceased, so state) Planfield In	Residence of father (if deceased, so state) Luftyette &.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Banbara Alan Whitaker	(b) Full maiden name of applicant's marie Mullis
Residence of mother (if deceased, so state)  Plantill In	Residence of mother (if deceased, so state) <u>Incentatte</u> In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the yerus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant hugery N. (1000) Date 11/14/90	Signature of Applicant Machelle Wells  Date 11-14-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS  Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
Signed Lygoy D. Cheton	Signed Rachelly Wills
New Address SAME =	New Address 3521 Ryho 1+ +C Sherpts In 4622
Subscribed and sworn to before me this 4 day of	Subscribed and sworn to before me this 14 day of 744, 19 90
Countil Tourson Clerk of the HENDRICKS Circuit Court	Christ Lawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS  ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated $1/-1/4-90$ , authorizing the marriage of	N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	GREGORY D. ACTON and
LA CHELLE M. WELLS	
I further certify that the following marriage certificate was filed in my o	
	on
PUTNAM County, Indiana, GREGORY D. ACTON	
IN (state), andLA CHELLE M. WELLS	of MARION County,
	d under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated	11-24-90
Signed by: /s/ PAUL H. BOWEN , SR. PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana or	11-28-90
Thed and recorded in accordance with the laws of the state of Indiana of	(date).
	Signed Clerk

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

THE REAL PROPERTY.		
File		
110	11.11100	
1 3	11-14-90	
A ST	Date of Application	į

642

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Medical Examination or Report Dated

Medical Examination or Report Dated

MALE APPLICANT	
	FEMALE APPLICANT
Shown awen Amothers	Name angelor First Hope Middle Letters
Date of Birth april Month 20 Day 1979ar	Date of Birth July Month /2 Day / 7 Year
Place of Birth (State or foreign country)	Place of Birth (State of foreign country)
Residence Address Street or R.R. / County / State and	Residence Address Street or R.R. 44 City ( County States )
FUEDO 1 Suisburg Augustica, Con	possipio 1 suissau Americas, Sir
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: D Birth Certificate  Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
	H : 2001 H 120 H I H 2 H 2 H 5 H 2 H 2 H 2 H 2 H 2 H 2 H 2
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗗 Yes
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No  Yes
2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  No 2 Yes   Yes	<ol> <li>Are you related to the male applicant closer than second cousin?</li> <li>Are you now under the influence of an alcoholic beverage?</li> <li>No ☑ Yes □</li> </ol>
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? No ta Yes ☐ 4. Are you now under the influence of a narcotic drug? Nota Yes ☐
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's analy Manhey Amathir	7. (a) Full name of applicant's
Residence of father (if deceased, so state)	father
Undings	Residence of father (if deceased, so state)
- Interpreted of father (otate of foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Canadace Edus Hint	(b) Full maiden name of applicant's Julian Kygor Janvett
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndromed
Signature of Applicant Apolicant Markey Date 11-14-90	Signature of Applicant Cangelo H. Verte Date 11-14-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS ) ss:   I swear/affirm that the information given in this application is true and correct	State of Indiana HENDRICKS ) ss:   swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
X Signed Adam () A Mod Meus	Xsigned Chagela H. 1 Jutel
New Address Sq M.C.	New Address Same
Subscribed and sworn to before me this 4 day of 1900, 1990	Subscribed and sworn to before me this 4 day of 900, 1990
Connu Kawsow Clerk of the HENDRICKS Circuit Court	Conne hawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) sec.	
County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father
Subscribed and sworn to before me this day of, 19	Signed Mother Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY CREEK OF COLUMN	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	The court, by written order issued
and filed in, authorizes and directs the i	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
I 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	SHAWN SMOTHERS and
ANGELA REITZEL	
I further certify that the following marriage certificate was filed in my of	
I,CHARLES R. BLAISDELL. (name), certify that	
HENDRICKS County, Indiana, SHAWN SMOTHERS	
IN(state), andANGELA REITZEL	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-	
Signed by: /s/ CHARLES R. BLAISDELL , MINISTER	
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
AFML/PD 1	HENDRICKS Circuit Court

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No.	643
File	
	11-14-90
	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 10-31-90

Name of Physician Supply a. Chorupson

MALE APPLICANT	FEMALE APPLICANT
Name Richard Middle Last Last (Lines)	Name Mirst Middle Last Koberts
Date of Birth Month Day Year	Date of Birth Worth 25 194
Place of Birth (State or foreign country)	Place of Birth (State or foreign county)
Residence Address Street or B.R. / City County State	Residence Address, Street, or R.R. City Gounty, State 0 114,110
P.R.# Boy 73 System, In. 46149	RR#1 Box 1060 Ryton In 46149
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify)   Urwerg Linese	Date of birth verified by:   Birth Certificate   Other (Specify) Devices Secret
Are you now or have you ever been adjudged to be of unsound mind? No Yes □	Are you now or have you ever been adjudged to be of unsound mind? No      Yes □
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No by Yes	2. Are you related to the male applicant closer than second cousin? No 🗵 Yes 🗆
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No 🗗 Yes 🗆
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full_name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father Waster Hines (Adoptive)	7. (a) Full name of applicant's father Beecher Alexander Brewington Sr.
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother Gestrude Estelle Baker (Facplive)	mother Cara Show Teachers
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome 1/// 1
Signature of Applicant Land Date 14 mov Pl	Signature of Applicant X Hary H. Robert Date 11-14/9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs.  Clerk of Court Date	Clerk of Court Date
	State of Indiana ) I swear/affirm that the information given
State of Indiana County of HENDRICKS  SS:   I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed & Neelank Jun	Signed & Mary H, Kaheits
New Address Z	New AddressX
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
State lacts which make the consent of the other parent dimeossary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County of	County of)
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	
이 보고 12 시간 12 시간 시간 시간 12 시간 1	
dated 11-14-90 , authorizing the marriage of RI	ICHARD ALLEN HINES and
MARY ALEX ROBERTS	
I further certify that the following marriage certificate was filed in my o	
I, VERNON J. STOVER JR. (name), certify that	on11-24-90 (date), atINDIANAPOLIS in
MARION County, Indiana, RICHARD ALLEN H	HINES of HENDRICKS County,
IN (state), and MARY ALEX ROBERTS	of HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
	1-24-90
Signed by: _/s/ VERNON J. STOVER JR. MINISTE	
	11-27-90
Filed and recorded in accordance with the laws of the State of Indiana or	(date).
	Signed Clerk
	HENDRICKS C: '. C.

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

Date of Application

553

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

HENDRICKS

MALE APPLICANT	FEMALE APPLICANT
Name Royald Middle Hast	Name A First Elaine Atkinson
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R., City County State
11118 Brussensk Ct. Pild.	5058 W. Her St. Speedway
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married TO OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate  Other (Specify)	Date of birth verified by:   Birth Certificate Cother (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No to Yes □	Are you now or have you ever been adjudged to be of unsound mind? No V yes □
Are you now or have you ever been adjudged to be of unsound mind? No	Are you now or have you ever been adjudged to be of unsound mind? No   Yes □  If answer is "yes," has the adjudication been removed?  No □ Yes □
2. Are you related to the female applicant closer than second cousin? No Ves	2. Are you related to the male applicant closer than second cousin? No ★ Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □
4. Are you now under the influence of a narcotic drug? No 🕱 Yes 🗆	4. Are you now under the influence of a narcotic drug? No 💢 Yes 🗆
5. List the full names of any dependent children. Lightly fellow	5. List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father  of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's \( \)	7. (a) Full name of applicant's M
Residence of father (If deceased, so state) Sense and	father - George Water atkenss
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(h) Full maiden name of applicant's
mother harvell Milared Signer	mother day Katterine Tutte
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Sharphace of Mountain (Class of Horisign Country))	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome):	immune deficiency syndrome)
Signature of Applicant Honald C. Hagand Date 11/14/90	Signature of Applicant A. Eland tother Date 11/14/93
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.  Clerk of Court Date
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.
Signed Tonald C. Wagan	Signed & Elaine Othinson
New Address Same as Papoul	New Address LILLS BEGINSHICK COULT
Subscribed and sworn to before me this	Subscribed and sworn to before me this 14 day of 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of) ss:
Signed Father	Signed Father
Signed Mother Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the i	ssuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
	ounty, indicate,
dated, authorizing the marriage ofR	onald C. Hagan and
A. ELAINE ATKINSON	
I further certify that the following marriage certificate was filed in my of	
I, GEORGE W. ATKINSON (name), certify that	on 11-23-90 (date), atINDIANAPOLIS in
	GAN of HENDRICKS County,
	of MARION County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 11-2	
Signed by: _/s/ GEORGE W. ATKINSON PASTOR-RET:	IRED (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS \_ County

No.	645
File .	
	Date of Application
	Date of Application

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Prist Middle Regroup	Name Beth Amiddle Barton
Date of Birth Month Day Year	Date of Birth Month Day Year
5 30 50	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
	Previous Marital Status: Never Married □ OR
Previous Marital Status: Never Married OR	The second secon
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate Cother (Specify)	Date of birth verified by: Birth Certificate Chatter (Specify)
	Are you now or have you ever been adjudged to be of unsound mind? No      Yes □
1. Are you now or have you ever been adjudged to be of unsound mind? No 💢 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound militar No 5. Tes I If answer is "yes," has the adjudication been removed?
If answer is "yes," has the adjudication been removed?	If allower is yes, rias the adjustment of the second secon
2. Are you related to the female applicant closer than second cousin? No X Yes	2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  No Yes
3. Are you now under the influence of an alcoholic beverage?	4. Are you now under the influence of a narcotic drug? No T. Yes
4. Are you now under the influence of a narcotic drug?  No the Yes   N	5. List the full names of any dependent children.
5. List the full names of any dependent children. \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	De List the lattice of any separate
THE RESIDENCE OF THE PERSON OF	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's flowed 1. Mc March	7. (a) Full name of applicant's harla Morton
ianiei	Residence of father (if deceased, so state)
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother	mother Shalel E. Balan
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding 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 11-14-90	Signature of Applicant XP 48 Date 11-1490
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana   I swear/affirm that the information given	State of Indiana  HENDRICKS  I swear/affirm that the information given is this small satisfaction in the small satisfactio
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed X New Mough	Signed Atouto
New Address	New Address Same AS ASOVE
Subscribed and sworn to before me this 14 day of 1000 1990	Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State lade which make the concent of the state participation of the state p	
State of Indiana	State of Indiana HENDRICKS ss:
State of Indiana County of HENDRICKS  ss:	County of
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	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 authorizes and directs the	e issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana
등 위한 경기에 대한 경기 때문에 대한 사람들이 있는 아이를 가장하는 것이 없는 것이다.	
dated  \\\\-\\\\-\\\\\\\\\\\\\\\\\\	NEIL MC GOUGH and
BETH A. BARTON	
I further certify that the following marriage certificate was filed in my	office:
	t on (date), atPLAINFIELD in
County, Indiana,	HENDRICKS
IN(state), andBETH A. BARTON	County
IN (state) were married by me as authorize	ed under a marriage license that was issued by the Clerk of the Circum
Court of HENDRICKS County, Indiana, dated 11-	
Signed by: _/s/ STEPHEN WHITE , MINISTER	
Filed and recorded in accordance with the laws of the State of Indiana	on (date).
	Signed Clerk
	HENDRICKS Circuit Cour

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

No	976
File _	
	11.15.90
1	Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Checkin, H.D.

Place of Birth (State or foreign country)  Residence Address Street or R.R. City County State	
Place of Birth (State or foreign country)  Place Address Street or R.R. City County State	Name First Middle Alberti
Residence Address Street or R.R. City County State	Date of Birth Month & Day 28 Year 15
Residence Address Street or R.R. City County State	Place of Birth (State or foyeign country)
	Residence Address Street or R.R. City Connyy State)
1419 Pierce " File.	1419 Pierce Dr. Plainfield, n.
Previous Marital Status: Never Married S OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate Other (Specify) Dunes die
1. Are you now or have you ever been adjudged to be of unsound mind? No 🕱 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No      Yes □
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No □ /Yes □
2. Are you related to the female applicant closer than second cousin? No ♥ Yes □	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No   ✓ Yes □
4. Are you now under the influence of a narcotic drug? No 1/2 Yes 🗆	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's for the Annual	7. (a) Full name of applicant's less than alberti
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's 1
mother Than San Hoha	mother fine sue sauson
Residence of mother (If deceased, so state)  Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Birthplace of mother (State of foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant X Development Date 11-15-50	Signature of Applicant Date 11-15-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs.  Clerk of Court Date	Clerk of Court Date
	State of Indiana ) I swear/affirm that the information given
State of Indiana  HENDRICKS  I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
signed x ha lateral	signed Day Olberti
New Address	New Address Solme as above
Subscribed and sworn to before me this 25 day of 1000 1990	Subscribed and sworn to before me this 15 day of 77 19 96
Clerk of the HENDRICKS Circuit Court	Cranie Lines Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County of HENDRICKS ) SS:	County of
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Oddit, by written order leaded
County	issuance of a marriage license to the above named parties.
and filed in authorizes and directs the	issuance of a marriage license to the above named parties.  BE AND MARRIAGE CERTIFICATE
and filed in authorizes and directs the  RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
and filed in authorizes and directs the  RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the	SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
and filed in authorizes and directs the RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the	SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana
and filed in authorizes and directs the RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the	SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana
County	Clerk of the Circuit Court of HENDRICKS County, Indiana LANCE G. FERRELL and
and filed in	Clerk of the Circuit Court of HENDRICKS County, Indiana LANCE G. FERRELL and
County	SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana LANCE G. FERRELL and  office:  on 12-15-90 (date), at PLAINFIELD in
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana LANCE G. FERRELL and  office:  on 12-15-90 (date), at PLAINFIELD in HENDRICKS County  HENDRICKS County
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana LANCE G. FERRELL and  Office:  on 12-15-90 (date), at PLAINFIELD in  ELL of HENDRICKS County  of HENDRICKS County
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, LANCE G. FERRELL and  Office:  on 12-15-90 (date), at PLAINFIELD in  ELL of HENDRICKS County, of HENDRICKS County,
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana, LANCE G. FERRELL and  Office:  on 12-15-90 (date), at PLAINFIELD in ELL of HENDRICKS County, of HENDRICKS County, at under a marriage license that was issued by the Clerk of the Circuit-15-90
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana, LANCE G. FERRELL and  Office:  on 12-15-90 (date), at PLAINFIELD in HENDRICKS County, of HENDRICKS County, I under a marriage license that was issued by the Clerk of the Circuit-15-90  R (official designation)
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana LANCE G. FERRELL and Description of HENDRICKS County of HENDRICKS COUN

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

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 — Company

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Hinkle	Name Kinberly Middle Jast Jones
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address , Street or R.R. City County State	Residence Address Street or R.R. City County State
7095 6 800D. Blowg 10	Previous Marital Status: Never Married   OR
Previous Marital Status: Never Married OR	THE PARTY OF THE P
Last Marriage Ended By: Death □ Divorce ♠ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🎉 Yes □	Are you now or have you ever been adjudged to be of unsound mind? No   ✓ Yes □
If answer is "yes," has the adjudication been removed?  No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ₹ Yes □	2. Are you related to the male applicant closer than second cousin? No 1/2 Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?  No 10 Yes   Are you now under the influence of a parcetic drug?  No 10 Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the initiation of a national of the
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of mother
(b) Full maiden name of mother of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Hank Do	7. (a) Full name of applicant's which the father
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Bluss III
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's Mary Katherine Brank
mother Manager a state Chickens	Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Billiplace of motion (state of reference)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the tests for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome) ( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	immune deficiency syndrome).
Signature of Applicant Applicant Date (1996)	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs.	Clerk of Court Date
Clerk of Court	I amount of the state of the st
State of Indiana County of HENDRICKS  Ss:   swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss; This application is true and correct.
Signed Streller & Hythe	Signed Mylly Sine
New Address	New Address
Subscribed and sworn to before me this \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Subscribed and sworn to before me this \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in authorizes and directs the	e issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	MICHAEL DEAN HINKLE and.
KIMBERLY DUNCAN JONES	
I further certify that the following marriage certificate was filed in my	office:
I. KENT M. FRANDSEN (name), certify tha	et on1-1-91 (date), atLEBANON in
BOONE County, Indiana, MICHAEL DEAN	HINKLE of HENDRICKS County,
IN(state), andKIMBERLY DUNCAN	JONES of HENDRICKS County,
	ed under a marriage license that was issued by the Clerk of the Circui
Court of HENDRICKS County, Indiana, dated	
. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
Signed by:/s/ KENT FRANDSEN, JUDGE PRO	
Filed and recorded in accordance with the laws of the State of Indiana	
	Signed Some former Clerk
	HENDRICKS Circuit Court
AFML/PD 1	

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

File	
//	11-15-90
100	Date of Application

842

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Medical Examination or Report Dated

HENDRICKS

MALE APPLICANT	FEMALE APPLICANT
Name Termin Johnst Last Lopesta Date of Birth Month FORRES TOAY, Year 43	Name Lauretta Plene Middle Magiel  Date of Birth Month & Day & Year 7
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.B. City County State In.	Residence Address Street or R.R. City County State On.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death □ Divorce ★ Annulment □	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate  Other (Specify)	Date of birth verified by: Birth Certificate  Other (Specify)
	Are you now or have you ever been adjudged to be of unsound mind? No Yes
Are you now or have you ever been adjudged to be of unsound mind? No <sup>™</sup> Yes □     If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No   ✓ yes □
4. Are you now under the influence of a narcotic drug? No ✓ Yes □	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Series Lapresa 8 yrs.	6. (a) Full name of father
6. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father Walsh Emerson Laposes	7. (a) Full name of applicant's father Vermon Glee Magell
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicants	(b) Full maiden name of applicant's Clarence Chile
Residence of mother (if deceased, so state) Stileswelle, In	Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Xerman F. Lepassa Date 11-15-70	immune deficiency syndrome)
Signature of Applicant Aerona 3 · Japania Date /1- 73 · 10	Signature of Applicant Jauretta L. May May 10ate 11-15-9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed Herman F- Lysosse	Signed Bauretta L. Marill
New Address	New Address
Subscribed and sworn to before me this 15th day of 200, 19.98	Subscribed and sworn to before me this 15 day of 200 19 98
Connie Lauren Clerk of the HENDRICKS Circuit Court	Connie Lawren Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	State lace which make the consent of the other parent amounted
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County or)
SignedFather	Signed Father
Signed Mother Subscribed and sworn to before me this day of 19	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of
dated, authorizing the marriage of	HERMAN FORREST LOPOSSA and
LAURETTA ILENE MAGILL	
I further certify that the following marriage certificate was filed in my of the HOMER E. HENDERSON (name), certify that	office: on11-21-90 (date), at MT. TABOR CHURCH in
MORGAN County, Indiana, HERMAN FORRE	
INLAURETTA ILENE MAGI	
Country), and	d under a marriage license that was issued by the Clerk of the Circu
HENDRICKS	
count of county, indiana, dated	
Signed by: /s/ HOMER E. HENDERSON MINISTE	(only double dou
Filed and recorded in accordance with the laws of the State of Indiana of	n 11-26-90 (date).
	Signed Some Sours on Clerk

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No.	647
File	
	11-16-90
	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 Robert Evand, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name Wickael Kent Stilwell	Name Carrie Clizabeth Counts
Date of Birth  October 30 1965	Date of Birth Month Day Year 1966
Place of Birth (State or foreign country)	Place of Birth (State) of foreignic country)
Residence Address Street of R.B. City County State To In Preggar & n. Sheplow.	Residence Address Street or R.R. City County State & State &
Previous Marital Status: Never Married D OR 46256	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify) Levins Lives	Date of birth verified by:   Birth Certificate   Other (Specify) Lerwers Zecase)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No   ✓ Yes □
If answer is "yes," has the adjudication been removed?  No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No b Yes	2. Are you related to the male applicant closer than second cousin? No ☑ Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☐ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's	Birthplace of mother (State or foreign country)  7. (a) Full name of applicants
father Thinksel See Stelevill	father Clyde Donald Counts
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Alianna Benen Seremona	(b) Full maiden name of applicant's Sue Roberts
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Zuest Va.
The transfer of the text of th	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant \ Muchouf \ Staturet Date \ 11-16-90	Signature of Applicant X Carrie Elizabeth Carls Date 11-16-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct.
obuilty of	South, st
Signed & Michael & Stelevall	signed × Carrie Elizabeth Courts
New Address 1619-E Meson CANE, Indept U6258 Subscribed and sworn to before me this 16th day of 100, 19 90	New Address > 7619 - E Megan hand Indels In Subscribed and sworn to before me this 164 day of 1800 - 19 90
Subscribed and sworn to before me this day of 19 19 19 19 19 19 19 19 19 19 19 19 19	Subscribed and sworn to before me this day of day of leaves 19 40  Connect Acceptant Clerk of the HENDRICKS Circuit Court
Clerk of the Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
sate lasts which make the consolit of the other parent dimensionally	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana HENDRICKS ss:
County of HENDRICKS ) ss:	County of
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
	Clerk of the Chican Court of County, indiana,
dated, authorizing the marriage of	AICHAEL KENT STILWELL and
CARRIE ELIZABETH COUNTS	나 있는데 있는데 나를 마다 되었다. 나는 사람들은 사람들이 나를 내려왔다.
I further certify that the following marriage certificate was filed in my o	office:
I, ANDREW P. CROWLEY (name), certify that	
MARION County, Indiana, MICHAEL KENT	CETTIVETT
	oicounty,
IN(state), andCARRIE_ELIZABETH	
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated	11-17-90
Signed by: /s/ ANDREW P. CROWLEY , MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	11-20-90 (date).
The state of indiana of	(uate).
	Signed James of Clerk
	HENDRICKS Circuit Court

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

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 

Amedical Care Control

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Pherul Middle milter
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1325 S. Brandt Sudgle.	5835 C. Maple M. Danville
Previous Marital Status: Never Married D OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment Annulment
Date of birth verified by:   Birth Certificate Cother (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No   Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □
If answer is "yes," has the adjudication been removed?  No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 🕱 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No 🖔 Yes 🗆
3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's, When Lowing Wright	7. (a) Full name of applicant's Roan Man Miles
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's $P_{\lambda} = 0.000$	(b) Full maiden name of applicant's
mother the state of the state o	mother Maria Maria Della 100
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Distributed of motion (State of Foreign Security)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant Mukt-lan Drught Date NOV 16 90	Signature of Applicant Lang and Moleculate 11/16/9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs.  Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  SS:  I swear/affirm that the information given in this application is true and correct.
Signed X Kirk Flank hight	Signed Ley anno miago
New Address	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this \( \lambda \) day of \( \lambda \) 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of 19
Clerk	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 authorizes and directs the	issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage ofK	IRK A. WRIGHT and
CHERYL A. MILLER	
I further certify that the following marriage certificate was filed in my o	office:
	on11-24-90 (date), atINDIANAPOLIS in
	of MARION County,
MARION County, Indiana, KIRK A. WRIGHT  IN (state), and CHERYL A. MILLER	of HENDRICKS County
1. The manager of the transfer	d under a marriage license that was issued by the Clerk of the Circum
Court of HENDRICKS County, Indiana, dated 11	-24-90
Signed by: /s/ JOHN C. BEATTY , PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana o	n 11-28-90 (date).
	Signed Torris Lawren Clerk
AFML/PD 1	HENDRICKS Circuit Court

### 560

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

AFML/PD 1

### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. <u>(65/</u> File <u>//- /6 - 90</u> Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 C. Stegu, Ll.O.

HENDRICKS

MALE APPLICANT	
Name First Middle Last	Name Beverly Van Stillwell
Date of Birth Month 34 Day 1945 Year	Date of Birth Sentenber 1/ 1958
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or F.R. City County State	Residence Address Street or R.R. City County State
2323 Second St, Hairfield, Sh. 46/68	2323 Decord St. Plainfield, In. 46168
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce  Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify)   Drivers ficinse	Date of birth verified by:   Birth Certificate   Other (Specify)   Livers    Livers   Livers    Livers    Livers    Livers    Livers    Livers    Livers    Livers    Livers    Livers   Livers     Livers    Livers    Livers     Livers     Livers     Livers     Livers      Livers     Livers     Livers     Livers
1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? No Ves
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No P Yes	2. Are you related to the male applicant closer than second cousin? No ❤️ Yes □
3. Are you now under the influence of an alcoholic beverage? No D Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Foll name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's 4/1000	7. (a) Full name of applicant's
Pacificaca of father (It decreed a state)	Residence of father (if deceased, so state) Allclaser
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  Yestuckey	Birthplace of father (State or foreign country)  Wikkbov
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother Dornie Elizabeth Swings	mother Marie Wilakelmera Dogin
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date \$11-16-90	Signature of Applicant XBeverly & Stellwebate 11-16-9
	O'STALLOS O' APPROANT
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana   I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
State of Indiana County of HENDRICKS ) ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss:   I swear/affirm that the information given in this application is true and correct.
State of Indiana County of HENDRICKS  Ss:   swear/affirm that the information given in this application is true and correct.	State of Indiana ) ss. I swear/affirm that the information given
State of Indiana County of HENDRICKS  Signed State of Indiana New Address Sample  I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  Signed Bluelly Stellwell  New Address X Sagre
State of Indiana County of HENDRICKS  Signed State of Indiana New Address  Subscribed and sworn to before me this Loud day of Nov., 1990	State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed Subscribed and sworn to before me this 16th day of 1990
State of Indiana County of HENDRICKS  Signed Address Address  New Address Address	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  Signed Bluelly Stellwell  New Address X Sagre
State of Indiana County of HENDRICKS  Signed Subscribed and sworn to before me this Aday of Mov., 1990	State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed Subscribed and sworn to before me this 16th day of 1990
State of Indiana County of HENDRICKS  Signed Subscribed and sworn to before me this Loudy of Lender Clerk of the HENDRICKS  Consent of Parents, Parent, Or Guardian  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	State of Indiana County of HENDRICKS  Signed Bluelly Stillwell  New Address Subscribed and sworn to before me this Lott day of HENDRICKS  Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
State of Indiana County of HENDRICKS  Signed Same New Address Subscribed and sworn to before me this Lotted day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  Signed Bluelly Stillwell  New Address X Sagrage  Subscribed and sworn to before me this 16th day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN
State of Indiana  County of HENDRICKS  Signed State of Indiana  New Address  Subscribed and sworn to before me this Loud day of HENDRICKS  Clerk of the HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana	State of Indiana County of HENDRICKS  Signed Bluelly Stillwell  New Address Subscribed and sworn to before me this Louday of HENDRICKS  Subscribed and sworn to before me this Louday of HENDRICKS  Clerk of the HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this Lotted day of HENDRICKS  Cierk of the HENDRICKS  Consent of Parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Ss:    I swear/affirm that the information given in this application is true and correct.    I swear/affirm that the information given in this application is true and correct.    I swear/affirm that the information given in this application is true and correct.    I swear/affirm that the information given in this application is true and correct.    I swear/affirm that the information given in this application is true and correct.    I swear/affirm that the information given in this application is true and correct.    I swear/affirm that the information given in this application is true and correct.    I swear/affirm that the information given in this application is true and correct.    I swear/affirm that the information given in this application is true and correct.    I swear/affirm that the information given in this application is true and correct.    I swear/affirm that the information given in this application is true and correct.    I swear/affirm that the information given in this application is true and correct.    I swear/affirm that the information given in this application is true and correct.    I swear/affirm that the information given in this application is true and correct.    I swear/affirm that the information given in this application is true and correct.    I swear/affirm that the information is true and correct.    I swear/affirm that the information is true and correct.    I swear/affirm that the information is true and correct.    I swear/affirm that the information is true and correct.   I swear/affirm that the information is true and correct.   I swear/affirm that the information is true and correct.   I swear/affirm that the information	State of Indiana County of HENDRICKS  Signed Bluelly Stillwell  New Address Subscribed and sworn to before me this Lott day of HENDRICKS  Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
State of Indiana County of HENDRICKS  Signed Same State of Indiana New Address Subscribed and sworn to before me this Subscribed and sw	State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed Bluelly Stullwell New Address Subscribed and sworn to before me this I day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS   ss:
State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed Subscribed and sworn to before me this Lot day of New Address Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS   ss:	State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed Bluelly Stillwell New Address Subscribed and sworn to before me this I day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   ss:  Signed Father
State of Indiana County of HENDRICKS  Signed Same State of Indiana New Address Subscribed and sworn to before me this Lotted day of HENDRICKS  Consent of Parents, Parent, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS  Signed Father	State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed Bluelly Stellwell  New Address Subscribed and sworn to before me this I day of HENDRICKS   19 90  Consider Same Clerk of the HENDRICKS   Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   ss:  Signed Father
State of Indiana County of HENDRICKS  Signed Same State of Indiana New Address Subscribed and sworn to before me this Subscribed day of Subscribed and sworn to before me this Subscribed and sworn to before me this Subscribed day of Subscribed and sworn to before me this Subscribed day of Subscribed and sworn to before me this Subscribed day of Subscribed and sworn to before me this Subscribed day of Subscribed and sworn to before me this Subscribed day of Subscribed and sworn to before me this Subscribed day of Subscribed and sworn to before me this Subscribed day of Subscribed and sworn to before me this Subscribed day of Subscribed and sworn to before me this Subscribed day of Subsc	State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed Bluelly Stubled   Stubled   Stubled   Subscribed and sworn to before me this Lott day of HENDRICKS   19 90    Consent of Parents, Parent, Or Guardian   Clerk of the HENDRICKS   Circuit Court    Consent of Parents, Parent, Or Guardian   We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary    State of Indiana   HENDRICKS   Ss:  Signed   Father   Signed   Mother   Signed   Mother   Signed   Mother   Signed   Mother   Signed   State   Signed   State   Signed   State   Signed   Signed
State of Indiana County of HENDRICKS  Signed Sample  New Address Subscribed and sworn to before me this subscribed and sworn to before	State of Indiana County of HENDRICKS   ss:   I swear/affirm that the information given in this application is true and correct.    Signed   Struct   Struct
State of Indiana County of HENDRICKS  Signed Sample  New Address Subscribed and sworn to before me this Lotter Grant County  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	State of Indiana County of HENDRICKS   ss:   I swear/affirm that the information given in this application is true and correct.    Signed   Strelle   Strell
State of Indiana County of HENDRICKS  Signed Sample  New Address Subscribed and sworn to before me this sapplicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	State of Indiana County of HENDRICKS   ss:   I swear/affirm that the information given in this application is true and correct.    Signed   Strelle   Strell
State of Indiana County of HENDRICKS   SS:   I swear/affirm that the information given in this application is true and correct.  Signed   Signed   State of Indiana   State of Indiana   Signed   State of Indiana   Signed   Signed   State of Indiana   Signed   Signed   State of Indiana   Signed   Signed   Signed   Signed   State of Indiana   Signed	State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed Bluelly Stellerele New Address Subscribed and sworn to before me this Lott day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   ss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued
State of Indiana HENDRICKS  Signed Address  Subscribed and sworn to before me this day of HENDRICKS  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENS	State of Indiana County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed Bluelly Stullwell   Stullwell   Subscribed and sworn to before me this Lotter   Subscribed and sworn to before me this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary    State of Indiana HENDRICKS   Ss:  Signed
State of Indiana County of HENDRICKS   SS: I swear/affirm that the information given in this application is true and correct.  Signed	State of Indiana County of Blueby Ss: I swear/affirm that the information given in this application is true and correct.  Signed Blueby Stublevell New Address Stubscribed and sworn to before me this Court Court Consent of the Hendricks Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
State of Indiana County of HENDRICKS   SS: I swear/affirm that the information given in this application is true and correct.  Signed Subscribed and sworn to before me this day of Mov. 1990  Consent of Parents, Parent, or Guardian  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana Hendricks   Ss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the	State of Indiana County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed Bluelly Stullwell   Stullwell   Subscribed and sworn to before me this Lotter   Subscribed and sworn to before me this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary    State of Indiana HENDRICKS   Ss:  Signed
State of Indiana County of HENDRICKS   SS: I swear/affirm that the information given in this application is true and correct.  Signed	State of Indiana HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed Bluelly Stellevell New Address Subscribed and sworn to before me this Lot day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   Ss:  Signed
State of Indiana County of HENDRICKS  Signed State of Indiana New Address Subscribed and sworn to before me this State of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Mother  Signed Mother  Signed Mother  County of County of Address ISSUED BY ORDER OF COURT.  County Authorizes and directs the RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated 11–16–90  BEVERLY JEAN STILLWELL	State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed Subscribed and sworn to before me this Low day of Low 19.20  Consent of Parents, Parent, Or Guardian  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   ss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and CRY JUNIOR STEPP  and
State of Indiana County of HENDRICKS  Signed Subscribed and sworn to before me this Clerk of the HENDRICKS  State of Indiana County of HENDRICKS  Signed Subscribed and sworn to before me this Clerk of the HENDRICKS  Consent of Parents, Parent, or Guardian  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of Signed Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated 11–16–90  BEVERLY JEAN STILLWELL  I further certify that the following marriage certificate was filed in my of	State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed Servely Strolled   Strolled   Strolled   Subscribed and sworn to before me this I let day of HENDRICKS   19.90    CONSENT OF PARENTS, PARENT, OR GUARDIAN   We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary    State of Indiana HENDRICKS   ss:  Signed   Father   Signed   Mother    Subscribed and sworn to before me this   day of   19   Clerk    A marriage license having been refused to the above named parties, the   court, by written order issued   issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE   Clerk of the Circuit Court of   HENDRICKS   County, Indiana, and carry JUNIOR STEPP   and    Third Name of the circuit Court of   HENDRICKS   County, Indiana, and    Office: 11.21.00   Third Name of the strolled   Third Name of the circuit Court of   HENDRICKS   County, Indiana, and    Office: 11.21.00   Third Name of the circuit Court of   Third Name of the circuit
State of Indiana County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed Subscribed and sworn to before me this day of HENDRICKS Circuit Court Consent of Parents, Parent, Or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   Ss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Cierk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County authorizes and directs the RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the dated 11-16-90 , authorizing the marriage of BEVERLY JEAN STILLWELL  If further certify that the following marriage certificate was filed in my of MARRIAGE (name), certify that	State of Indiana County of HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed Bluelly Stublevell New Address   Subscribed and sworn to before me this   Get day of   19 90   Consent of Parents, Parent, or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   ss:  Signed   Father   Signed   Mother   Subscribed and sworn to before me this   day of   19   Clerk  A marriage license having been refused to the above named parties, the   Court, by written order issued   issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of   HENDRICKS   County, Indiana, RRY JUNIOR STEPP   and   INDIANAPOLIS   in   INDIANAPOLIS   Indiana   Indiana
State of Indiana HENDRICKS   ss: I swear/affirm that the information given in this application is true and correct.  Signed	State of Indiana County of HENDRICKS   SS: I swear/affirm that the information given in this application is true and correct.  Signed Blackly Stablevell New Address Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   Ss:  Signed
State of Indiana County of HENDRICKS Signed Signed Subscribed and sworn to before me this Certify that the re was filed in my office a marriage license issued by the dated 11–16–90  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County of MYRON BARNARD (name), certify that the following marriage certificate was filed in my of Indiana, LARRY JUNIOF MARION County, Indiana, LARRY JUNIOF MARION County, Indiana, LARRY JUNIOF MARIAGE LICENS STILL MELL I FEVERLY JEAN STILL  Signed Signed Several State of Indiana Authorized Signed Several Severa	State of Indiana County of HENDRICKS   Ss:   I swear/affirm that the information given in this application is true and correct.    Signed   Subscribed and sworn to before me this   Gold day of Math   19.20
State of Indiana County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed	State of Indiana HENDRICKS   SS:   I swear/affirm that the information given in this application is true and correct.  Signed   Shurry   Stullwell   S
State of Indiana HENDRICKS   Ss:   I swear/affirm that the information given in this application is true and correct.  Signed   Subscribed and sworn to before me this   Signed   Father   Signed   Mother   Signed   Mother   Subscribed and sworn to before me this   day of   19   Clerk    COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.   County   authorizes and directs the   RETURN OF MARRIAGE LICENS    If certify that there was filed in my office a marriage license issued by the   dated   11-16-90   authorizing the marriage of   LAF   BEVERLY JEAN STILLWELL    If further certify that the following marriage certificate was filed in my of   (name), certify that   MARION   County, Indiana,   LARRY JUNIOE   LARRY JUNIOE   IN (state), and   BEVERLY JEAN STILL    In (state) were married by me as authorized   Subscribed   Subscr	State of Indiana HENDRICKS   SS:   I swear/affirm that the information given in this application is true and correct.  Signed   Shurry   Stullwell   S
State of Indiana County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed	State of Indiana County of HENDRICKS  Signed Bluelly Stillwell New Address Subscribed and sworn to before me this Lett day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, early JUNIOR STEPP  and  Grey JUNIOR STEPP  of HENDRICKS County, Indiana, the Indiana County, Indiana, and Indiana County, Indiana, and Indiana County, Indiana, and Indiana County, Indiana, and Indiana In
State of Indiana County of Signed Subscribed and sworn to before me this County of Signed Sig	State of Indiana County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed Blauly Stublevell   Stublevell   Stublevell   Signed Address   Subscribed and sworn to before me this   Cerk of the HENDRICKS   Circuit Court   CONSENT OF PARENTS, PARENT, OR GUARDIAN   We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary   State of Indiana   HENDRICKS   Ss:   Signed   Signed   Mother   Subscribed and sworn to before me this   day of   19   Cierk   Cierk
State of Indiana County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed	State of Indiana County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed Blussey State of Part   19.20    Consent of Parents, Parent, Or Guardian   19.20    State of Indiana Hendricks   Signed   Father Signed   Mother Subscribed and sworn to before me this   day of   19.    Signed   Signed   Father Signed   Mother Subscribed and sworn to before me this   day of   19.    Cierk   A marriage license having been refused to the above named parties, the Court, by written order issued   issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE   HENDRICKS   County, Indiana, 20.20    Cierk of the Circuit Court of   HENDRICKS   County, Indiana, 20.20    Cierk of the Circuit Court of   HENDRICKS   County, Indiana, 20.20    Court   MENDRICKS   County, Indiana, 20.20    Court   MENDRICKS   County, Indiana, 20.20    Court   MENDRICKS   County, Indiana, 20.20    County   MELL   Of   HENDRICKS   County, Indiana, 20.20    County   Mell   Of

AFML/PD 1

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

71-16-90 Date of Application

652

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Name of Physician

HENDRICKS

MALE APPLICANT	FEMALE APPLICANT
Name William albert Redman	Name Bast Pro
Date of Birth Month // Day 28 Year 3/	Date of Birth Month 7 Day // Year 45
Place of Birth (State or oreign country)	Place of Birth (State or Jereign country)
Residence Address Street or R.R. City a County State	Residence Address   Street or R.R.   City   County   State
4745 E 350N Ornvelle, In.	3933 N 400 E Nanville, on.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No Vers
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?  Nd Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of mother	Birthplace of father (State or foreign country)(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father the James Kelman	7. (a) Full name of applicant's Knherton Mc Ree,
Residence of father (if deceased, so state) Deceased	Residence of father (if deceased, so state) Uncertain
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Clice Plane Noss	(b) Full maiden name of applicant's mueller
Residence of mother (if deceased, so state) Arnelle, In.	Residence of mother (if deceased, so state) Indels. In.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant William A. Neder Date 11-16.90	Signature of Applicant Durbaca Can Malac Date 11/16/90
	<del>U</del>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS State of Indiana HENDRICKS State of Indiana HENDRICKS State of Indiana I swear/affirm that the information given in this application is true and correct.	State of Indiana ) I swear/affirm that the information given
1) . 00 0 0	County of HENDRICKS ) ss: in this application is true and correct.
Signed William A. Redum	Signed Garbara Jean Molace
New Address 3733 N 400 E	New Address June
Subscribed and sworn to before me this 16 th day of Discribed 9 46 122	Subscribed and sworn to before me this 16 day of 20 19 90
Cornie Kawson Clerk of the HENDRICKS Circuit Court	Cornie Lawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	State facts which make the consent of the other parent dimeosostily
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of)
Signed Father	Signed Father
Signed Mother Subscribed and sworn to before me this day of, 19	Signed Mother
Subscribed and sworn to before me this day or, 19 Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court ofCounty, indiana,
dated, authorizing the marriage of	William Albert Redman and
Barbara Jean McRae	
I further certify that the following marriage certificate was filed in my o	office:
I,	
Hendricks County, Indiana, William Albert Re	
Indiana (state), and Barbara Jean McRae	
H-11 (1941) - H-1	
THENDRICKS	l under a marriage license that was issued by the Clerk of the Circui
count of county, Indiana, dated	
Signed by: Course Jamson, Clerk	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana or	11-21-90 (date).
	Signed Connic Lausen Clerk
	Clerk

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No.	633
File	
	11-11.90
	Date of Application

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Middle Wardley	Name Jeannine Middle Burton
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce → Annulment □	The state of the s
Date of birth verified by:   Birth Certificate Cother (Specify)  St. Lic.	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:     Birth Certificate   Diner (Specify)	Date of birth verified by: Birth Certificate St. Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 💆 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 🔯 Yes 🗆
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No S Yes   3. Are you now under the influence of an alcoholic beverage? No S Yes	2. Are you related to the male applicant closer than second cousin? No Yes
<ul> <li>3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐</li> <li>4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐</li> </ul>	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No 51 Yes  Yes  Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children. Heather, Joseph
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of mother	Birthplace of father (State or foreign country)  (b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Rathal John Chooley	7. (a) Full name of applicant's father Sease Soutier
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Eva Widdleton	(b) Full maiden name of applicant's Roman Problem
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome).  Signature of Applicant Toronto Woodle Date 11-16-90	immune deficiency syndrome).
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana   I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed X Tanath Wwoods	Signed Searier Durton 11-16.
New Address	Y
	New Address
Subscribed and sworm to before me this \\ day of \\ \ 1990	Subscribed and sworp to before me this \\day of \Quad day of \Quad 1990
Subscribed and sworn to before me this 10 day of 1990  Clerk of the HENDRICKS Circuit Court	Subscribed and swore to before me this day of HENDRICKS Circuit Court
Subscribed and sworn to before me this 10 day of 1990  Clerk of the HENDRICKS Circuit Court	Subscribed and sworp to before me this \\day of \Quad day of \Quad 1900
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs.	Subscribed and sworp to before me this day of
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs.	Subscribed and sworp to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, thate facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS	Subscribed and sworp to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  SS:	Subscribed and sworn to before me this day of
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of Father  Father	Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed  Father  Signed  Father  Signed  Mother	Subscribed and sworp to before me this day of
Consent of Parents, Parent, or Guardian  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary  Signed	Subscribed and sworp to before me this day of
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed	Subscribed and sworp to before me this day of 19.0  Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS   ss:  Signed Father Signed Mother Subscribed and sworn to before me this day of 19
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed	Subscribed and sworp to before me this day of
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed	Subscribed and sworp to before me this day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County of Local Court	Subscribed and sworp to before me this
Consent of Parents, Parent, or Guardian  Consent of Parents, Parent, or Guardian  Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, trate facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed	Subscribed and swore to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Mother  Signed Mother  Signed Mother  Signed Mother  County of MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County Marriage license issued by the control of the other parent unnecessary  County of Marriage license issued by the control of the other parent unnecessary  State of Indiana HENDRICKS  Signed Mother  County Marriage license issued by the control of the other parent unnecessary  Father  Signed Mother  County Marriage license issued by the control of the other parent unnecessary  Father  Signed Mother  County Marriage license issued by the control of the other parent unnecessary  Father  Signed Mother  County Marriage license issued by the control of the other parent unnecessary  Father  Signed Mother  County Mother  County Marriage license issued by the control of the other parent unnecessary  County Mother  County Marriage license issued by the control of the other parent unnecessary  County Mother  County Mother  County Mother  County Marriage license issued by the control of the other parent unnecessary  County Mother	Subscribed and sworp to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Mother  Signed Mother  Signed Mother  Signed Mother  County of MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County Marriage license issued by the control of the other parent unnecessary  County of Marriage license issued by the control of the other parent unnecessary  State of Indiana HENDRICKS  Signed Mother  County Marriage license issued by the control of the other parent unnecessary  Father  Signed Mother  County Marriage license issued by the control of the other parent unnecessary  Father  Signed Mother  County Marriage license issued by the control of the other parent unnecessary  Father  Signed Mother  County Marriage license issued by the control of the other parent unnecessary  Father  Signed Mother  County Mother  County Marriage license issued by the control of the other parent unnecessary  County Mother  County Marriage license issued by the control of the other parent unnecessary  County Mother  County Mother  County Mother  County Marriage license issued by the control of the other parent unnecessary  County Mother	Subscribed and sworp to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary  Signed	Subscribed and swore to before me this
Conserved and sworn to before me this day of HENDRICKS Circuit Court  Conserved Conser	Subscribed and swore to before me this
Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary  Signed Father Signed Mother  County of Jerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County authorizes and directs the interest of the other parent unnecessary  RETURN OF MARRIAGE LICENSI  Certify that there was filed in my office a marriage license issued by the cated Authorizing the marriage of Terms of the following marriage certificate was filed in my office the following marriage the following marr	Subscribed and swore to before me this
Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary  County of	Subscribed and swore to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary  Signed Father Signed Mother  County Mother  TERRY I. JACKSON (name), certify that Mother  TIMOTHY WOOD IN  The Mother Mother  TIMOTHY WOOD IN  The Mother Mother  Timothy Wood II.  The Mother Mother  Timothy Wood II.  The Mother Mother Mother Mother  Tour Mother Mother  Timothy Wood II.  The Mother Mother Mother Mother Mother  Tour Mother Mother  Tour Mother  Timothy Wood II.  The Mother Mother Mother Mother Mother  Tour Mother Mother  Timothy Wood II.  The Mother Mother Mother Mother  Tour	Subscribed and sworg to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. And filed in authorizes and directs the state of that there was filed in my office a marriage license issued by the state of the direct of the other parent unnecessary  RETURN OF MARRIAGE LICENSI  Certify that there was filed in my office a marriage license issued by the state of the direct of t	Subscribed and swore to before me this Clerk of the Circuit Court of HENDRICKS County, Indiana, IMOTHY WOODLEY and
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. And filed in authorizes and directs the interest of the filed in my office a marriage license issued by the clated 10 authorizing the marriage of THERRY IS JACKSON (name), certify that the following marriage certificate was filed in my office in my office and marriage certificate was filed in my office in my office and marriage certificate was filed in my office in my office and marriage certificate was filed in my office in my office and marriage certificate was filed in my office in my office and marriage certificate was filed in my office in my office and marriage certificate was filed in my office in my office and marriage certificate was filed in my office in my office and marriage certificate was filed in my office in my office and marriage certificate was filed in my office in my office and marriage certificate was filed in my office in my office and marriage certificate was filed in my office in my office and marriage certificate was filed in my office in my office and marriage certificate was filed in my office in my office and marriage certificate was filed in my office in my office and marriage in ma	Subscribed and swore to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A authorizes and directs the indiana factor of the consent of the other parent unnecessary  County Authorizes and directs the indiana factor of the county authorizing the marriage of Tourn of the county further certify that the following marriage certificate was filed in my office a marriage license issued by the county further certify that the following marriage certificate was filed in my office a marriage in the marriage of the county further certify that the following marriage certificate was filed in my office a marriage in the marriage of the county further certify that the following marriage certificate was filed in my office a marriage in the marriage of the county further certify that the following marriage certificate was filed in my office a marriage in the marriage of the county further certify that the following marriage certificate was filed in my office a marriage in the marriage of the county further certify that the following marriage certificate was filed in my office a marriage in the county further certify that the following marriage certificate was filed in my office a marriage in the county further certify that the following marriage certificate was filed in my office a marriage in the county further certify that the following marriage certificate was filed in my office a marriage in the county further certify that the following marriage certificate was filed in my office a marriage in the county further certify that the following marriage certificate was filed in my office a marriage in the county further certify that the following marriage certificate was filed in my office a marriage in the county fu	Subscribed and swore to before me this Clerk of the Circuit Court of HENDRICKS County, Indiana, IMOTHY WOODLEY and
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A and filed in authorizes and directs the interest of the filed in my office a marriage license issued by the stated factor of the county of authorizing the marriage of THENDRICKS  If certify that there was filed in my office a marriage certificate was filed in my office of the marriage of THENDRICKS (Interest of the certify that the following marriage certificate was filed in my office of the marriage of the certify that the following marriage certificate was filed in my office of the marriage	Subscribed and swore to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Signed Mother  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County authorizes and directs the indiana directs directly that the following marriage certificate was filed in my office a marriage of the indiana directs directly that the following marriage certificate was filed in my office directly that the following marriage certificate was filed in my office directly that the following marriage certificate was filed in my office directly that the following marriage certificate was filed in my office directly that the following marriage certificate was filed in my office directly that the following marriage certificate was filed in my office directly that the following marriage certificate was filed in my office directly that the following marriage certificate was filed in my office directly that the following marriage certificate was filed in my office directly that the following marriage certificate was filed in my office directly that the following marriage certificate was filed in my office directly that the following marriage certificate was filed in my office directly that the following marriage directly that the following marr	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  County of
CONSENT OF PARENTS, PARENT, OR GUARDIAN  Ne, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary  Signed Father Signed Mother  Signed Mother  Signed Mother  Signed Mother  Signed Mother  Signed Mother  County authorizes and directs the indicate t	Consent of parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, IMOTHY WOODLEY and HENDRICKS County, Indiana, IMOTHY WOODLEY HENDRICKS County, Under a marriage license that was issued by the Clerk of the Circuit 11–17–90 (date).
CONSENT OF PARENTS, PARENT, OR GUARDIAN  No. the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Father Signed Mother Signed Mother Signed Mother Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county authorizes and directs the interest of the state of the state of the father was filed in my office a marriage license issued by the state of the state of the father certify that the following marriage certificate was filed in my office of the state of the	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  County of

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

ile .		
	11-19-90	
NAME OF STREET	Date of Application	

654

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Date of the military of the property of the pr	MALE APPLICANT	FEMALE APPLICANT
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Subscribed and syon to before me this	State of Indiana County of HENDRICKS  ss:   swear/affirm that the information given in this applycation is true and correct.	TYPINITY CITCO
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Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworm to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the country authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS  NICOLE JEAN WOOD  If further certify that the following marriage certificate was filed in my office:  I, HAROLD L. LEININGER (name), certify that on 11-24-90 (date), at BROWNSEURG HENDRICKS County, Indiana, HUBERT WILLIAM RALSTON of HENDRICKS County, Indiana, HUBERT WILLIAM RALSTON of HENDRICKS County, Indiana, HUBERT WILLIAM RALSTON of HENDRICKS County, Indiana, Authorized under a marriage license that was issued by the Clerk of the Circuit of HENDRICKS County, Indiana, dated 11-24-90 (date), at BROWNSEURG County of HENDRICKS County, Indiana, dated 11-24-90 (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-05-90 (date).	Subscribed and sworn to before me this 19 day of 1900 1990	
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary states of the duals of the other parent unnecessary states of the duals of the other parent unne		Connex Faurson Clerk of the HENDRICKS Circuit Cour
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary.    State of Indiana   HENDRICKS   Sas:   Signed   Father   Signed   Mother   Signed	CONSENT OF PARENTS PARENT OR GUARDIAN	
State of Indiana HENDRICKS Signed Signed Signed Subscribed and sworn to before me this day of Mother Subscribed and sworn to before me this Subscribed and sworn to before me this Mother Subscribed and sworn to before me this Subscribed and sworn to bef		
Signed South Motter Subscribed and sworn to before me this day of 19 Clerk Subscribed and sworn to before me this day of 19 Clerk COURT. A marriage license having been refused to the above named parties, the Court, by written order issued Court, by written order issued Subscribed and sworn to before me this day of 19 Clerk COURT. A marriage license having been refused to the above named parties, the Court, by written order issued Subscribed and sworn to before me this day of 19 Clerk COURT. A marriage license having been refused to the above named parties, the Court, by written order issued Subscribed and sworn to before me this day of 19 Clerk of the Court, by written order issued Subscribed and sworn to before me this day of 19 Clerk of the Clerk of the Court, by written order issued Subscribed and sworn to before me this day of 19 Clerk of the above named parties, the court of Subscribed and sworn to before me this day of 19 Clerk of the above named parties, the court of HENDRICKS County, Indiana and Indiana or Indiana Subscribed and sworn to before me this day of 19 Clerk of the Clerk of the Circuit Court of Indiana or Indiana	state facts which make the consent of the other parent unnecessary	
Signed South Motter Subscribed and sworn to before me this day of 19 Clerk Subscribed and sworn to before me this day of 19 Clerk COURT. A marriage license having been refused to the above named parties, the Court, by written order issued Court, by written order issued Subscribed and sworn to before me this day of 19 Clerk COURT. A marriage license having been refused to the above named parties, the Court, by written order issued Subscribed and sworn to before me this day of 19 Clerk COURT. A marriage license having been refused to the above named parties, the Court, by written order issued Subscribed and sworn to before me this day of 19 Clerk of the Court, by written order issued Subscribed and sworn to before me this day of 19 Clerk of the Clerk of the Court, by written order issued Subscribed and sworn to before me this day of 19 Clerk of the above named parties, the court of Subscribed and sworn to before me this day of 19 Clerk of the above named parties, the court of HENDRICKS County, Indiana and Indiana or Indiana Subscribed and sworn to before me this day of 19 Clerk of the Clerk of the Circuit Court of Indiana or Indiana		
Signed Signed Signed Mother Signed Mother Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Clerk Subscribed and sworn to before me this day of 19 Clerk Subscribed and sworn to before me this day of 19 Clerk COURT. A marriage license having been refused to the above named parties, the 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 NICOLE JEAN WOOD  If further certify that the following marriage certificate was filed in my office:  I, HAROLD L. LEININGER (name), certify that on 11-24-90 (date), at BROWNSBURG HENDRICKS County, Indiana, HUBERT WILLIAM RALSTON of MARION Count (state), and NICOLE JEAN WOOD of HENDRICKS County Indiana, HUBERT WILLIAM RALSTON of HENDRICKS County Indiana, dated 11-24-90 (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit of HENDRICKS County, Indiana, dated 11-24-90 (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-05-90 (date).	State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
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 authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana (name), certify that on 11-24-90 (date), at BROWNSBURG HUBERT WILLIAM RALSTON of MARION County Indiana, HUBERT WILLIAM RALSTON OF MARION COUNTY IN (state), and NICOLE JEAN WOOD OF HENDRICKS County, Indiana, dated 11-24-90  Signed by: /s/ HAROLD L. LEININGER PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-05-90 (date).	SignedFather	
Subscribed and sworn to before me this		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE 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 and NICOLE JEAN WOOD  I further certify that the following marriage certificate was filed in my office:  I, HAROLD L. LEININGER (name), certify that on 11-24-90 (date), at BROWNSBURG HUBERT WILLIAM RALSTON of MARTON County, Indiana, HUBERT WILLIAM RALSTON of HENDRICKS County, Indiana, NICOLE JEAN WOOD of HENDRICKS County Indiana, Albert WILLIAM RALSTON of HENDRICKS County, Indiana, Albert WILLIAM RALSTON of HENDRICKS County, Indiana, Albert WILLIAM RALSTON of HENDRICKS County, Indiana, dated 11-24-90  Signed by: /s/ HAROLD L. LEININGER PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-05-90 (date).	Subscribed and sworn to before me this day of, 19	
and filed in	Clerk	
and filed in	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana dated //-/9-90 , authorizing the marriage of HUBERT WILLIAM RALSTON and NICOLE JEAN WOOD  I further certify that the following marriage certificate was filed in my office:  I, HAROLD L. LEININGER (name), certify that on 11-24-90 (date), at BROWNSBURG HENDRICKS County, Indiana, HUBERT WILLIAM RALSTON of MARION County (state), and NICOLE JEAN WOOD of HENDRICKS County (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit of HENDRICKS County, Indiana, dated 11-24-90  Signed by: /s/ HAROLD L. LEININGER PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-05-90 (date).	County	Court, by written order issued
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana dated 11-9-90 , authorizing the marriage of HUBERT WILLIAM RALSTON and NICOLE JEAN WOOD  I further certify that the following marriage certificate was filed in my office:  I, HAROLD L. LEININGER (name), certify that on 11-24-90 (date), at BROWNSBURG MARION County, Indiana, HUBERT WILLIAM RALSTON of MARION County (state), and NICOLE JEAN WOOD of HENDRICKS County, Indiana, dated 11-24-90  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit of HENDRICKS County, Indiana, dated 11-24-90  Signed by: /s/ HAROLD L. LEININGER PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-05-90 (date).	and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
And the dated	RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
And the state of the state of the state of Indiana on I	I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana
I further certify that the following marriage certificate was filed in my office:  I, HAROLD L. LEININGER (name), certify that on 11-24-90 (date), at BROWNSBURG  HENDRICKS County, Indiana, HUBERT WILLIAM RALSTON of MARION County  IN (state), and NICOLE JEAN WOOD of HENDRICKS County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circumstant County of HENDRICKS County, Indiana, dated 11-24-90  Signed by: /s/ HAROLD L. LEININGER PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-05-90 (date).	10 00	
I further certify that the following marriage certificate was filed in my office:  I, HAROLD L. LEININGER (name), certify that on 11-24-90 (date), at BROWNSBURG  HENDRICKS County, Indiana, HUBERT WILLIAM RALSTON of MARION County  IN (state), and NICOLE JEAN WOOD of HENDRICKS County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circle Court of HENDRICKS County, Indiana, dated 11-24-90  Signed by: /s/ HAROLD L. LEININGER , PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-05-90 (date).		HUBERT WILLIAM RALSTON and
I, HAROLD L. LEININGER (name), certify that on 11-24-90 (date), at BROWNSBURG  HENDRICKS County, Indiana, HUBERT WILLIAM RALSTON of MARION County  IN (state), and NICOLE JEAN WOOD of HENDRICKS County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circle  Court of HENDRICKS County, Indiana, dated 11-24-90  Signed by: /s/ HAROLD L. LEININGER PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-05-90 (date).	AND DESCRIPTION OF PARTY OF PA	
HENDRICKS  County, Indiana, HUBERT WILLIAM RALSTON  IN (state), and NICOLE JEAN WOOD  Of HENDRICKS  County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circle  Court of HENDRICKS  County, Indiana, dated 11-24-90  Signed by: /s/ HAROLD L. LEININGER  PASTOR  (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-05-90 (date).		
IN (state), and NICOLE JEAN WOOD of HENDRICKS Count IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circle Court of HENDRICKS County, Indiana, dated 11-24-90  Signed by: /s/ HAROLD L. LEININGER PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-05-90 (date).	I, HAROLD L. LEININGER (name), certify that	on 11-24-90 (date), at BROWNSBURG i
IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circle Court of HENDRICKS County, Indiana, dated 11-24-90  Signed by: _/s/ HAROLD L. LEININGER PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-05-90 (date).	HENDRICKS County, Indiana, HUBERT WILLIAM	RALSTON of MARTON County
Court of County, Indiana, dated 11-24-90  Signed by: _/s/ HAROLD L. LEININGER PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-05-90 (date).	IN (state), and NICOLE JEAN WOOD	of HENDRICKS County
Court of HENDRICKS County, Indiana, dated 11-24-90  Signed by:/s/ HAROLD L. LEININGER PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-05-90 (date).	(state) were married by me as authorized	
Signed by: _/s/ HAROLD L. LEININGER , PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on	TIPL TO DUCKE	
Filed and recorded in accordance with the laws of the State of Indiana on	[2] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	
Thed and recorded in accordance with the laws of the state of Indiana on(date).		
Signed lowing towns	Filed and recorded in accordance with the laws of the State of Indiana of	n 12-05-90 (date).
DIKITUM VILLE J		Signed James James Cler
	AFML/PD 1	HENDRICKS Circuit Cou

## 564

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No.	655
File .	
	11-19-90
	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.

MALE APPLICANT	FEMALE APPLICANT
Name Of First Middle Downst Had	Name Omica First Middle Manh back
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
- Caryot	- O garet
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce ☑ Annulment □	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
- Out 1. 4:	- A mit
Date of birth verified by: Birth Certificate Tother (Specify)	Date of birth verified by: Birth Certificate D'Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No  Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin? No □ Yes □	2. Are you related to the male applicant closer than second cousin? No   Yes
3. Are you now under the influence of an alcoholic beverage? No □ Yes □	3. Are you now under the influence of an alcoholic beverage? No  Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No See See See See See See See See See Se
5. List the full names of any dependent/children.	5. List the full names of any dependent children.
found / Suran,	6. (a) Full name of father
6. (a) Full name of father ondependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
Bifthplace of mother (State or foreign country)	7. (a) Full name of applicant's $PP$ $P$
7. (a) Full name of applicant's Pahmerus Auttab	father
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Palingh Abraham!	(b) Full maiden name of applicant's bloom Ridge
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Situlpiaco di monto (ciato di ristigli sociali)	Distributed of method (dutte of foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Amond 2 Houtal Date 11-19-90	Signature of Applicant X Amira Moshbour Date 11-19-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss:   I swear/affirm that the information given in this application is true and correct.
County of	
signed & Ahmed El Hattal	Signed & Amira Moskhour
New Address	New Address
Subscribed and sworn to before me this 19 day of 102, 1990	Subscribed and sworn to before me this 19 day of 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HÉNDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County Indiana
	Clerk of the Circuit Court ofCounty, Indiana,
dated Nov. 11, 1990 , authorizing the marriage of Ah	med M. El Hattab and
Amira A. Mashhour	
I further certify that the following marriage certificate was filed in my o	ffice:
	on January 1, 1991 (date), at Plainfield in
Hendricks County, Indiana, Ahmed M.	
[4] 2. [1] 프로젝트 [2] 프로젝트 [2] 프로젝트 [2] 10 [2] 10 [2] 10 [2] 10 [2] 10 [2] 10 [2] 10 [2] 10 [2] 10 [2] 10 [2] 10	of Hendricks County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 11	
Signed by: Hamid Karam Director (I	MAM) (official designation)
	1 0 01
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Course Lawson Clerk
AFML/PD 1	HENDRICKS Circuit Court

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

No.	656
File	2. 10 100 1
	Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

March B. Haggard

MALE APPLICANT	FEMALE APPLICANT
Name Girst Middle Last	Name First Botter Middle & Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R., City Sounty State.	Residence Address Street or R.R. / City County / State
- 9610 W. Wash St. Artiple Well In.	- 9610 W. Wach. St. (Mend.) In.
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce ☑ Annulment □	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by: Birth Certificate Dether (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)   Author lie
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No      Yes □
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No TV Yes	2. Are you related to the male applicant closer than second cousin? No 🗗 Yes 🗆
3. Are you now under the influence of an alcoholic beverage? No □ Yes □	3. Are you now under the influence of an alcoholic beverage? No □ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.  **TRANCE***  1. **TRANCE***  **TRANCE**  *
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father north Euroff Abile	7. (a) Full name of applicant's
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  Acutucky
(b) Full maiden name of applicant's - May Del	(b) Full maiden name of applicant's
mother Melde May Tolen	mother Whiles Warnay Michy
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Shapping of motion (chair of foliation foliation)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Type (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Signature of Applicant Betty Lale off Date 11/19/90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.  Clerk of Court Date
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
Signed The Club	Signed Betty & Laleoff
New Address Som <	New Address 96/10 W. Washington St
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of 19
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of State of Indiana County of State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
County of	County of HENDRICKS ) ss;
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 19
Clerk	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, authorizes and directs the	Issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
	WENTENCES
I certify that there was filed in my office a marriage license issued by the	
dated 11-29-90 , authorizing the marriage of G	EORGE B. ABELL and
BETTY L. LALIOFF	
I further certify that the following marriage certificate was filed in my of	ffice:
I,DENNIS L. DODSON (name), certify that	on 12-1-90 (date), at BROWNSBURG in
HENDRICKS County, Indiana, GEORGE B. AB	
IN(state), andBETTY L. LALIOFF	
[1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 11-1	
Signed by: _/s/ DENNIS L. DODSON MINISTER	
	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-4-90 (date).
	Signed Lonnie Jawson Clerk

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

IC 31-7-9-1. Furnishing false information upon applying for license.

A person who knowingly furnishes false information to a clerk of the circuit court 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

Manual Haggard

MALE APPLICANT	FEMALE APPLICANT
Name William CMiddle Brewer	Name Martha Amiddle Chast
Date of Birth Month 2 Day // Year 38	Date of Birth Month 9 Day / 7 Year 42
Place of Birth (State or to eign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.B. City County State
Providence Marifel States Marifel II 00	PO Dry 258 Stilesaille In
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce Annulment □
Date of birth verified by: Birth Certificate DOther (Specify) Winds Tye.	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No V/Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?
List the full finances of any dependent children.	List the full names of any dependent children.
3. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (State or foreign powers)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)(b) Full maiden name of mother	Birthplace of father (State or foreign country)(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
father Lannie H. Brewer	7. (a) Full name of applicant's father Jelman Wendell Goods
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name dapplicant's mother fullowa Lincher	(b) Full maiden name or applicant's.
Residence of mother (if deceased, so state) Stilesnille J.	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
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hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
ignature of Applicant Bull C Brundate	immune deficiency syndrome).
	Signature of Applicant Date
he above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
tate of Indiana HENDRICKS ) ss: I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Dell (Press)	Signed Marthy Cooper
New Address	New Address
Superibed and sworn to before me this 19 day of 20 1995  Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 2 9 day of 2 1998
	Cranic Live Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
/e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tate of Indiana HENDRICKS ss:	State of Indiana HENDRICKS ss:
	County or
Signed Father Signed Mother	Signed Martha Coope Father
ubscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of 19
	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
nd filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	
certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
nted, authorizing the marriage of	WILLIAM C. BREWER and
MARTHA ANN COOPER	THE DESIGNATION OF THE PROPERTY OF THE PROPERT
further certify that the following marriage certificate was filed in my of	fine:
DEL. FOLLIS (name), certify that	
(name), certify that	
Morgan County, Indiana, BILL C. BREWE  INDIANA (state) and MARTHA ANN COOPER	UENDDICKS County,
INDIANA	of HENDRICKS County,
(state) were married by me as authorized	under a marriage license that was issued by the Clerk of the Circuit
ourt of HENDRICKS County, Indiana, dated 11-19-	
igned by: Del Follis , Minister	(official designation)
iled and recorded in accordance with the laws of the State of Indiana on	1-0-01
	(date)
	/s/ Connie Lawson
	Signed(date).  Clerk

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COU

County

//- / 9-9-0 Date of Application

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

Female

Medical Examination or Report Dated 10-26-98

Name of Physician Wills, Cynthus

Duty of the first control of the property of t	MALE APPLICANT	FEMALE APPLICANT
The control of the co		Name Reverged Louise Last
Page of them follows from the record coloring of the control of th		Date of Differ
Page of the page o	llene of Birth (State or foreign country)	Place of Birth (State or foreign country)
with Native State State   Stat	- Center ,	
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One of born verified by:   Birth Certificates   Other (Speedy)		Last Marriage Ended By: Death Divorce Annulment
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Control Court  Date  Cierk of Court  Date  Cierk of Court  Date  County of MENDRICKS  Signed  Address 3944 W mount and correct.  Subscribed and sworn to bystore me this	Signature of Applicant Robert W. Jones Date	Signature of Applicant Date
Signed FARDRICKS   Signed FEDRICKS   Signed FEDR	The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
State of Indiana HENDRICKS   sat.	acknowledgment because of religious beliefs.	
State of Indiana HENDRICKS   58: In this application is true and correct. Signed	Clerk of Court Date	Clerk of Court Date
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New Address 3944 W Man Jones 1940 New Address 3844 W March Land War Subscribed and sworn to before me this 1 day of 1 20 20 1 20 20 1 20 20 20 20 20 20 20 20 20 20 20 20 20	County of HENDRICKS in this application is true and correct.	
New Address 3944 W Man Jones 1940 New Address 3844 W March Land War Subscribed and sworn to before me this 1 day of 1 20 20 1 20 20 1 20 20 20 20 20 20 20 20 20 20 20 20 20	signed Robert W. Jones	Signed Rebecca L. Larison
Subscribed and sworn to before me this	Now Address 3844 W main samille Ind	New Address 3844 W. Than St Harvillo, I
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed	Subscribed and sworn to before me this 19 day of Nov 19 90	Subscribed and sworn to before me this
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary.    State of Indiana   HENDRICKS   SS:   Signed   Father   Signed   Mother   Subscribed and sworn to before me this   day of   19   Clerk   Subscribed and sworn to before me this   day of   19   Clerk   Subscribed and sworn to before me this   day of   19   Clerk   County of   County by written order issued   Mother   County   County	Connie Lawsen Clerk of the HENDRICKS Circuit Court	Connil Scusa Clerk of the HENDRICKS Circuit Court
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary.    State of Indiana   HENDRICKS   SS:   Signed   Father   Signed   Mother   Subscribed and sworn to before me this   day of   19   Clerk   Subscribed and sworn to before me this   day of   19   Clerk   Subscribed and sworn to before me this   day of   19   Clerk   County of   County by written order issued   Mother   County   County	CONSENT OF PARENTS PARENT OF GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
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Subscribed and sworn to before me this		
Signed Signed Mother Signed Mother Signed Signed Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Cierk 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 20 authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana and REBECCA LOUISE LARISON (name), certify that on 12-1-90 (date), at DANYILLE in (name), certify that on 12-1-90 (date), at DANYILLE in (state), and REBECCA LOUISE LARISON of HENDRICKS County, Indiana, ROBERT WAYNE JONES of HENDRICKS County, Indiana, ROBERT WAYNE JONES of HENDRICKS County, Indiana, ROBERT WAYNE JONES of HENDRICKS County, Indiana, and REBECCA LOUISE LARISON of HENDRICKS County, Indiana, dated 12-1-90 (date), at DANYILLE in HENDRICKS County, Indiana, dated 12-1-90 (date), at DANYILLE in HENDRICKS County, Indiana, dated 12-1-90 (date), at DANYILLE in HENDRICKS County, Indiana, dated 12-1-90 (date), at DANYILLE in HENDRICKS County, Indiana, dated 12-1-90 (date), at DANYILLE in HENDRICKS County, Indiana, dated 12-1-90 (date), at DANYILLE in HENDRICKS County, Indiana, dated 12-1-90 (date), at DANYILLE in HENDRICKS County, Indiana, dated 12-1-90 (date).	State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ss:
Signed Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 and REBECCA LOUISE LARISON  I further certify that the following marriage certificate was filed in my office:  I, D. ALAN RUMBLE (name), certify that on 12-1-90 (date), at DANYILLE in the county in (state), and REBECCA LOUISE LARISON of HENDRICKS County, Indiana, ROBERT WAYNE JONES of HENDRICKS County, Indiana, ROBERT WAYNE JONES of HENDRICKS County, Indiana, REBECCA LOUISE LARISON of HENDRICKS County, Indiana, REBECCA LOUISE LARISON of HENDRICKS County, Indiana, ROBERT WAYNE JONES of HENDRICKS County, Indiana, ROBERT WAYNE JONES (date), and REBECCA LOUISE LARISON of HENDRICKS County, Indiana, ROBERT WAYNE JONES (date), and REBECCA LOUISE LARISON of HENDRICKS County, Indiana, ROBERT WAYNE JONES (date), at DANYILLE in the county of HENDRICKS (date), and REBECCA LOUISE LARISON of HENDRICKS County, Indiana, dated 12-1-90 (date), at DANYILLE in the county of HENDRICKS (date), at DANYILLE in the county of HEN		
Subscribed and sworn to before me this		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana REBECCA LOUISE LARISON  I further certify that the following marriage certificate was filed in my office:  I, D. ALAN RUMBLE (name), certify that on 12-1-90 (date), at DANVILLE in MENDRICKS County, Indiana, ROBERT WAYNE JONES of HENDRICKS County, Indiana, ROBERT WAYNE JONES of HENDRICKS County, Indiana, REBECCA LOUISE LARISON of HENDRICKS County, Indiana, ROBERT WAYNE JONES of HENDRICKS County, Indiana, ROBERT WAYNE JONES of HENDRICKS County, Indiana, ROBERT WAYNE JONES of HENDRICKS County, Indiana, dated 12-1-90  Signed by: /s/ D. ALAN RUMBLE PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-4-90 (date).		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 and REBECCA LOUISE LARISON  I further certify that the following marriage certificate was filed in my office:  I, D. ALAN RUMBLE (name), certify that on 12-1-90 (date), at DANVILLE in HENDRICKS County, Indiana, ROBERT WAYNE JONES of HENDRICKS County In (state), and REBECCA LOUISE LARISON 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 12-1-90  Signed by: /s/ D. ALAN RUMBLE PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-4-90 (date).		
and filed in		
and filed in	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana and REBECCA LOUISE LARISON  I further certify that the following marriage certificate was filed in my office:  I, D. ALAN RUMBLE (name), certify that on 12-1-90 (date), at DANYILLE in HENDRICKS County, Indiana, ROBERT WAYNE JONES of HENDRICKS County, Indiana, REBECCA LOUISE LARISON of HENDRICKS County, Indiana, REBECCA LOUISE LARISON of HENDRICKS County, Indiana,	County	Court, by written order issued
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana dated // 19-90, authorizing the marriage of ROBERT WAYNE JONES and REBECCA LOUISE LARISON  I further certify that the following marriage certificate was filed in my office:  I, D. ALAN RUMBLE (name), certify that on 12-1-90 (date), at DANVILLE in HENDRICKS County, Indiana, ROBERT WAYNE JONES of HENDRICKS County IN (state), and REBECCA LOUISE LARISON 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 12-1-90  Signed by: /s/ D. ALAN RUMBLE PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-4-90 (date).	and filed in, authorizes and directs the	e issuance of a marriage license to the above hamed parties.
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana dated // 19-90, authorizing the marriage of ROBERT WAYNE JONES and REBECCA LOUISE LARISON  I further certify that the following marriage certificate was filed in my office:  I, D. ALAN RUMBLE (name), certify that on 12-1-90 (date), at DANVILLE in HENDRICKS County, Indiana, ROBERT WAYNE JONES of HENDRICKS County IN (state), and REBECCA LOUISE LARISON 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 12-1-90  Signed by: /s/ D. ALAN RUMBLE , PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-4-90 (date).	RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
dated		
REBECCA LOUISE LARISON  I further certify that the following marriage certificate was filed in my office:  I,D. ALAN RUMBLE		e cicia di inc circuit control
REBECCA LOUISE LARISON  I further certify that the following marriage certificate was filed in my office:  I,D. ALAN RUMBLE	dated	ROBERT WAYNE JONES and
I further certify that the following marriage certificate was filed in my office:  I, D. ALAN RUMBLE (name), certify that on 12-1-90 (date), at DANVILLE is HENDRICKS County, Indiana, ROBERT WAYNE JONES of HENDRICKS County, Indiana, REBECCA LOUISE LARISON of HENDRICKS County, Indiana, dated	REBECCA LOUISE LARISON	
I,		office:
HENDRICKS County, Indiana, ROBERT WAYNE JONES Of HENDRICKS County IN (state), and REBECCA LOUISE LARISON Of HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circumstance of	I further certify that the following marriage certificate was filed in my	ot an 12-1-90 (date) at DANVILLE i
IN (state), and REBECCA LOUISE LARISON of HENDRICKS County.  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circumstance of HENDRICKS County, Indiana, dated 12-1-90  Signed by: /s/ D. ALAN RUMBLE PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-4-90 (date).	I, (name), certify tha	t on (date), at
IN (state), and REBECCA LOUISE LARISON of HENDRICKS County.  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circumstance of HENDRICKS County, Indiana, dated 12-1-90  Signed by: /s/ D. ALAN RUMBLE PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-4-90 (date).	HENDRICKS County, Indiana, ROBERT WAYNE JO	ONES Of HENDRICKS County
Court of County, Indiana, dated 12-1-90 Signed by:/S/_ D. ALAN RUMBLE, PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-4-90 (date).	(state), and REBECCA LOUISE LA	ARTSON of HENDRICKS County
Court of County, Indiana, dated 12-1-90 Signed by:/S/_ D. ALAN RUMBLE, PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-4-90 (date).	(state) were married by me as authorize	ed under a marriage license that was issued by the Clerk of the Circu
Signed by: _/s/ D. ALAN RUMBLE	HENDRICKS CO. L.	
Filed and recorded in accordance with the laws of the State of Indiana on 12-4-90 (date).	Court of county, marana, auteu	
Filed and recorded in accordance with the laws of the State of Indiana of	Signed by: /s/ D. ALAN RUMBLE , PASTOR	
	Filed and recorded in accordance with the laws of the State of Indiana	on (date).
		Signed Committained Cler
		HENDRICKS Cincuit Con

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

File

11-20-90

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 3-6-90

Name of Physician 

\*\*C. Staffand M.D.

MALE APPLICANT	FEMALE APPLICANT
Name Russell alider Censen II	Name Bashara Middle Clast Clast
Date of Birth Month 2 Day, Year,	Date of Birth Month Day // Year 7.6
Place of Birth (State or foreign country)	Place of Birth (State or foreign@untry)
Honalulu, Hawaii	Lauraelle Ky.
Residence Address, Street or R.R. City County State 132 4 Stanley Rd. Plainfield.	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
	Date of birth verified by: A Birth Certificate   Other (Specify)
Date of birth verified by: Birth Certificate  Other (Specify)	Date of bittil verified by.
1. Are you now or have you ever been adjudged to be of unsound mind? No√Z Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a parcotic drug?  No√√ Yes □	3. Are you now under the influence of an alcoholic beverage? No ✓ Yes □ 4. Are you now under the influence of a narcotic drug? No ✓ Yes □
Are you now under the influence of a narcotic drug?     No     Yes □     List the full names of any dependent children	List the full names of any dependent children.
c. Est die fair italies of any depondent official states	
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of mother
(b) Full maiden name of mother of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name or applicant's father Trussell alvin Aensen	7. (a) Full name of applicant's Villiam Candles
Residence of father (if deceased, so state) Placefull In.	Residence of father (if deceased, so state) Danwille In
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(h) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother Verena Mary annan	mother the Nation
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Sussell A. Jense II Date NOV 2090	Signature of Applicant Borona D. Carollopate 11 20 90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Russell a Jense II	Signed Borbora D. Candles
New Address	New Address
Subscribed and sworn to before me this ZD day of 160, 1990	Subscribed and sworn to before me this 20 day of Nov 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father	- 1987 N. P. B.
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IE MADDIAGE LIGENSE ISSUED BY CODED OF COLUMN	
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, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court ofCounty, Indiana,
dated, authorizing the marriage of	RUSSELL ALVIN JENSEN, II and
BARBARA DIANNE CANDLER	
CONTRACTOR OF THE PERSON NAMED IN CONTRACTOR OF THE PARTY.	ffice
I further certify that the following marriage certificate was filed in my o	Nov. 20, 1990 Danville
I, JANICE S. CHILEWSKI (name), certify that	on Nov. 20, 1990 (date), atin
Hendricks County, Indiana, RUSSELL ALVIN JA	
INDIANA (state), and BARBARA DIANNE CAND	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 11-20	-90
Signed by: Janice S. Chilewski Chief Dep.	
	Nov. 20 1000
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed Anne Augs Clerk

\_Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

AFML/PD 1

### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

11-20-90 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 Beport Dated Name of Physician

The control of the co	MALE APPLICANT	FEMALE APPLICANT
The section of the se		
The control titles of progression of the control of	Date of Birth Month Day, Year / 2	Date of Birth Month // Day 27 Year / 8
Accordance of the property of the control of the property of t		Place of Birth (State or foreign country)
The Management of the Manageme	indianipalis, In	Residence Address Street of R.R. City Pounty State
and Marriage Boold by: Death C Divorce		504 101 Bay 113 Crallesoelle, on
Date of brinn verificity   Dirth Certificate Coffice (Septiment Comment of the Co	revious Marital Status: Never Married OR	Previous Marital Status: Never Married OR
An ayournew or haw you over bean adjudged to be of unsound mind?  No. 19 to 1 If server is 1 yet, has the adjudation been removed?  No. 19 to 2 If server is 1 yet, has the adjudation been removed?  No. 19 to 2 If server is 1 yet, has the adjudation been removed?  No. 19 to 2 If server is 1 yet, has the adjudation been removed?  No. 19 to 2 If server is 1 yet, has the adjudation been removed?  No. 19 to 2 If server is 1 yet, has the adjudation been removed?  No. 19 to 2 If server is 1 yet, has the adjudation been removed?  No. 19 to 2 If server is 1 yet, has the adjudation been removed?  No. 19 to 2 If server is 1 yet, has the adjudation of a second country of the control of the server is 1 yet, and the server is	ast Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment
Teachers in New Trans the adjudention bear included in the control of the property of the pr	Date of birth verified by:   Birth Certificate Other (Specify) Dunus Tuc.	Date of birth verified by:   Birth Certificate Other (Specify)   Markin Dule
Harmour a faye, has the supplications been removed?  Any so case under the influence of an excitoric beerings?  No. 7 or II.  Any so case under the influence of an excitoric beerings?  No. 7 or II.  List the full reason of the influence of an excitoric beerings?  No. 7 or II.  In the full reason of the influence of an excitoric beerings?  No. 7 or II.  In the full reason of the influence of an excitoric beerings?  No. 7 or II.  In the full reason of the influence of an excitoric beerings?  No. 7 or II.  In the full reason of the influence of an excitoric beerings?  No. 7 or II.  In the full reason of the influence of an excitoric beerings?  No. 7 or II.  In the full reason of the influence of a excitoric beerings?  No. 7 or II.  In the full reason of the influence of an excitoric beerings?  No. 7 or II.  In the full reason of the influence of an excitoric beerings?  No. 7 or II.  In the full reason of the influence of an excitoric beerings?  No. 7 or II.  In the full reason of the influence of an excitoric beerings?  No. 7 or II.  In the full reason of the influence of an excitoric beerings?  No. 7 or II.  In the excitoric of the influence of the influence of an excitoric beerings?  No. 7 or II.  In the excitoric of the influence of the influen	. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
An your own under the influence of an accordio deep?  No. Yes C Any your own under the influence of an accordio deep?  No. Yes C Any your own under the influence of an accordio deep?  No. Yes C Any your own under the influence of an accordio deep?  No. Yes C Any your own under the influence of an accordio deep?  No. Yes C Any your own under the influence of an accordio deep?  No. Yes C Any your own under the influence of an accordio deep?  No. Yes C O Any your own under the influence of an accordio deep?  No. Yes C O Any your own under the influence of an accordio deep?  No. Yes C O O In Influence of According to the influence of the open of a dependent children.  Best deep or a find of the influence of the open own own of the influence of the open own own of the influence of the influence of the influence own own own of the influence own own own of the influence own		If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
According to the find and a find a find a find and a find a	and you rolling to the rolling approach	
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Residence of mother (if diseased, to state) Birthpiace of mother (if diseased, to state) Residence of testing (if deceased, to state) Residence of mother (if deceased, to state) Residence of mo		
Bitthplace of nother (Base or foreign country)  (b) Flaring and the ment of secondary to state and the property of tables and ta		
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Birthpiace of tather (State or foreign country)  (b) Fill madern many graphicant in the control of the country	1. / 100	1 100
(b) Full maken rates of spoiscarts mother of cassacts, so state)  Birthpiace of mother of cassacts, so state)  ACKOWLEDGMENT	, , , , , ,	
Residence of mother (if accessed, so state)  ACNONULEDGMENT  ACKNOWLEDGMENT  I acknowledge that I have received information regurding dangerous communicable diseases minume deficiency syndromy.  Signature of Applicant in the objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above acknowledgment because of religious beliefs.  Date  Date  The above applicant has objected to verifying by cash or affirmation or signature to the above acknowledgment because of religious beliefs.  Date  The above applicant has objected to verifying by cash or affirmation or signature to the above acknowledgment because of religious beliefs.  Date  The above applicant has objected to verifying by cash or affirmation or signature to the above acknowledgment because of religious beliefs.  Date of colors  Signed  Acknowledgment because of religious beliefs.  Client of the HENDRICKS  Occurry of The Aments, Parkent, Or, Guidantian  We haddress  Bigned  Acknowledgment because of religious beliefs.  Client of the HENDRICKS  Occurry of The HENDRICKS  Occurry of The HENDRICKS  Occurry of The Aments, Parkent, Or, Guidantian  We haddress  Bigned  Acknowledgment because of religious beliefs.  Client of the HENDRICKS  Occurry of The Aments, Parkent, Or, Guidantian  We haddress  Bigned  Acknowledgment because of religious beliefs.  Client of the HENDRICKS  Occurry of The HENDRICKS  Occurry of The Aments, Parkent, Or, Guidantian  We haddress  Bigned  Acknowledgment because of religious beliefs.  Client of the HENDRICKS  Occurry of The Ame	(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
Birthplace of mother (State or foreign country)  ACKNOWLEDMENT  Date   Laboration reparting desperous communicable diseases that are securally transmitted, and a list of the test attes for the virus that causes AIDS (sequired minume deficiency syndrolys)  Signature of Applicant   Acknowledge that I have received information reparting dangerous communicable diseases that are securally transmitted, and a list of the lest attes for the virus that causes AIDS (sequired minume deficiency syndrolys)  Signature of Applicant   Acknowledge that I have received information payers that are securally transmitted, and a list of the lest attes for the virus that causes AIDS (sequired minume deficiency syndrolys)  Signature of Applicant   Acknowledge that I have received information payers that are securally transmitted, and a list of the lest attes for the virus that causes AIDS (sequired minume deficiency syndrolys)  Signature of Applicant   Acknowledge that I have received information payers that are securally transmitted, and all sid of the lest attes for the virus that causes AIDS (sequired minume deficiency syndrolys)  Signature of Applicant   Acknowledge that I have received information payers that are securally transmitted, and all sid of the lest attes for the virus that causes AIDS (sequired minume deficiency syndrolys)  Signature of Applicant   Acknowledge that I have received information payers are securally transmitted, and all sid of the lest attes for the virus that causes AIDS (sequired minume deficiency syndrolys)  Signature of Applicant   Acknowledge that I have received information payers are secured to the secure of the secu		( to the state of
ACKNOWLEDGMENT  ACKNOWLEDGMENT		
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that are sexually transmitted, and a list of the test alies for the virus that causes AIDS (ecquired immune deficiency syndropin) signature of Applicant App		
Signature of Applicant   Date   1-2-2	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by oath or affirmation or signature to the above and correct.  Signed HENDRICKS   Satisfied and acknowledgment because of religious beliefs.  Signed HENDRICKS   Satisfied and swom to before me this   20 day of   10 day   10 day	mmune deficiency syndromes.	Signature of Applicant Boss 7,4,511,212
cachone/degoment because of religious beliefs.  Click of Court  Date    Size of Indiana   HENDRICKS		
Signed Signed Membricks Signed Membricks Signed Membricks Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state of indiana HENDRICKS Signed Membricks Signed Signed Membricks Signed Signed Signed Membricks Signed	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Signed Subscribed and sworn to before me this spilication is true and correct.  Signed Subscribed and sworn to getter me this Subscribed and sworn to petter me this Subscribed and sworn to petter me this Subscribed and sworn to spilore me this Subscribed and sworn to before me this Subscribed and sworn to before me this Signed Subscribed and sworn to befor	Clerk of Court Date	Clerk of Court Date
Signed Subscribed and sworn to before me this 2004 day of Theocologis 400.  Clerk of the HENDRICKS Circuit Court  Consent of Parents, Parent, Or Guardian, hereby give consent for this marriage. If only one parent signs, talke facts which make the consent of the other parent unnecessary  Signed HENDRICKS Circuit Court  Consent of Parents, Parent, Or Guardian, hereby give consent for this marriage. If only one parent signs, talke facts which make the consent of the other parent unnecessary  Signed Father Signed Signed Signed Signed Mother  County of Clerk  County of Clerk  County of Marriage License Issued by Order of Court. A marriage license having been refused to the above named parties, the 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 Marriage. Smith and the consent of the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Marriage. County, Indiana, ROBERT JAMES SMITH and MARRIAGE CERTIFICATE  If the CERTIFIC County, Indiana, ROBERT JAMES SMITH of MARRIAGE County, Indiana, ROBERT JAMES SMITH of MARRIAGE County, Indiana, ROBERT JAMES SMITH of MARRIAGE County, Indiana, dated 11–24–90  (date), at COATESVILLE in MARRIAGE County, Indiana, dated 11–24–90  (date), at COATESVILLE in MARRIAGE County, Indiana, dated 11–24–90  (date).	State of Indiana HENDRICKS ) ss:   I swear/affirm that the information given	
New Address  New A		County or
Subscribed and sworn to before me this 20 day of 10 cert of the HENDRICKS Circuit Court Court Court Court Court Court Court Consent of PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary.  Signed Father Signed Mother Signed		Signed Adu deleglison
Consent of Parents, Parent, or Guardolian (Note to parents of this applicant, hereby give consent for this marriage. If only one parent signs, tatte facts which make the consent of the other parent unnecessary  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  County of Subscribed and sworn to before me this day of 19  County of County of County Without there are a county of		Subscribed and sworn to before me this 20 day of 200. 1990
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary stat		Conside Lauren Clerk of the HENDRICKS Circuit Court
state facts which make the consent of the other parent unnecessary    State of Indiana   HENDRICKS	CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
State of Indiana HENDRICKS ) ss:    Signed	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
Signed	tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Signed	State of Indiana VIENDACKS )	State of Indiana HENDRICKS
Signed Signed Subscribed and sworn to before me this day of 19 Clerk Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County County Witten order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  It certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana and KARI LYNN FERGUSON  If further certify that the following marriage certificate was filed in my office:  If ELMA CERTAIN (name), certify that on 11-24-90 (date), at COATESVILLE in HENDRICKS County, Indiana, ROBERT JAMES SMITH of MARION County In (state), and KARI LYNN FERGUSON of HENDRICKS County, Indiana, ACOBERT JAMES 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 11-24-90 (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-1-90 (date).		County of)
Subscribed and sworn to before me this	(48) (40) (40) (40) (40) (40) (40) (40) (40	Signed Father
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  It certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana and KARI LYNN FERGUSON  If further certify that the following marriage certificate was filed in my office:  If, ELMA CERTAIN (name), certify that on 11–24–90 (date), at COATESVILLE in MARION County, Indiana, ROBERT JAMES SMITH of MARION County, Indiana, IN (state), and KARI LYNN FERGUSON of HENDRICKS County, Indiana, attended 11–24–90  Court of HENDRICKS County, Indiana, dated 11–24–90  Signed by: /s/ ELMA CERTAIN , CLERGY (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12–1–90 (date).		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County		
County		
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana and MARI LYNN FERGUSON  I further certify that the following marriage certificate was filed in my office:  I, ELMA CERTAIN (name), certify that on 11-24-90 (date), at COATESVILLE in HENDRICKS County, Indiana, ROBERT JAMES SMITH of MARION County  IN (state), and KARI LYNN FERGUSON of HENDRICKS County, Indiana, dated 11-24-90  Signed by: /s/ ELMA CERTAIN (control of Marion) (date), at Marion County (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit (court of MENDRICKS County, Indiana, dated 11-24-90 (date))  Signed by: /s/ ELMA CERTAIN (control of MENDRICKS County, Indiana, dated 11-24-90 (date))  Filed and recorded in accordance with the laws of the State of Indiana on 12-1-90 (date).	County	Court, by written order issued
Certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS   County, Indiana	and filed in, authorizes and directs the	e issuance of a marriage license to the above named parties.
dated 11-20-90 , authorizing the marriage of ROBERT JAMES SMITH and KARI LYNN FERGUSON  If further certify that the following marriage certificate was filed in my office:  I, ELMA CERTAIN	RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
Adated 11-20-90 , authorizing the marriage of ROBERT JAMES SMITH and KARI LYNN FERGUSON  If further certify that the following marriage certificate was filed in my office:  If the certify that the following marriage certificate was filed in my office:  If the certify that the following marriage certificate was filed in my office:  If the certify that the following marriage certificate was filed in my office:  If the certify that the following marriage certificate was filed in my office:  If the certify that the following marriage certificate was filed in my office:  If the certify that the following marriage certificate was filed in my office:  If the certify that the following marriage certificate was filed in my office:  If the certify that the following marriage certificate was filed in my office:  If the certify that the following marriage certificate was filed in my office:  If the certify that the following marriage certificate was filed in my office:  If the certify that the following marriage certificate was filed in my office:  If the certify that the following marriage certificate was filed in my office:  If the certify that the following marriage certificate was filed in my office:  If the certify that the following marriage certificate was filed in my office:  If the certify that the following marriage certificate was filed in my office:  If the certify that the following marriage license smith the following marriage l	I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana
KARI LYNN FERGUSON  I further certify that the following marriage certificate was filed in my office:  I, ELMA CERTAIN		
I further certify that the following marriage certificate was filed in my office:  I, ELMA CERTAIN		
HENDRICKS County, Indiana, ROBERT JAMES SMITH of MARION County  IN (state), and KARI LYNN FERGUSON of HENDRICKS County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circumstance of Marion County  Court of HENDRICKS County, Indiana, dated 11-24-90  Signed by: /s/ ELMA CERTAIN , CLERGY (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-1-90 (date).		
HENDRICKS County, Indiana, ROBERT JAMES SMITH of MARION County IN (state), and KARI LYNN FERGUSON of HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circu Court of HENDRICKS County, Indiana, dated 11-24-90  Signed by: /s/ ELMA CERTAIN , CLERGY (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-1-90 (date).		AA AA AA AA COMBOUTEER
IN (state), and KARI LYNN FERGUSON of HENDRICKS County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circumstance of the Circu	,	
IN	County, Manual,	Councy
Court of		
Signed by:	(Secret) were married by me as dament	
Filed and recorded in accordance with the laws of the State of Indiana on 12-1-90 (date).	Court of County, Indiana, dated	
	Signed by: /s/ ELMA CERTAIN , CLERGY	(official designation)
	Filed and recorded in accordance with the laws of the State of Indiana o	n 12-1-90 (date).
		· Bank Bank Salat 선계상하게 보고 있는 시간에 시간하게 되었다. 그런 경기를 보고 있는 것이 되었다고 있는데 다른데 보고 있다면 없는데 보고 있다.
	AFML/PD I	HENDRICKS Circuit Cour

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

661

	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under IC 1-7-3 commits a Class D felony.	Female  Medical Examination or Report Dated
MALE APPLICANT	FEMALE APPLICANT
lame Serbert Middle Sale	Name First Middle Last on
Pate of Birth Month Day Year	Date of Birth Month 2 Day Year
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R.B., City County State	Residence Address Street or R.B. 7 City Odunty State On 40
rouisus Marital Status: Nover Married C	

Name / First / Middle / Last	Name / First / Middle / Last /
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	2 79 47
- Fextucky	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.B. City County State On 46/18
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce ☑ Annulment □	Last Marriage Ended By: Death □ Divorce Annulment □ □
Date of birth verified by: Birth Certificate (Specify) (Specify)	Date of birth verified by:   Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind?      Notation  Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? Not Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No. Yes  5. List the full names of any dependent children. How	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant of the state o	7. (a) Full name of applicant's
father // www.	father father finding
Residence of father (if deceased, so state)	Residence of father (if decéased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	Birthplace of father (State or foreign country)
mother was packed	(b) Full maiden name of applicants how Leplinger
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWI FDOMENT
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant X 18 19190	Signature of Applicant Cynthia L. Hentin Date 11-21-90
	Signature of Applicant Cynthia L. Henlin Date 11-21-70
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana	
County of HENDRICKS ss: in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
Signed & Hochet J. Hale	VC -4. 9 16 T.
New Address	Signed X Cynthia L. Heaton New Address
Subscribed and sworn to before me this 21 day of 1990 1990	Subscribed and sworn to before me this 21 day of 1990
Onne Hawson Clerk of the HENDRICKS Circuit Court	Ornic Jawoon Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of)
Signed Father Signed Mother	Signed Father
Signed Mother Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	Court, by written order issuedissuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	
I 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	ERBERT T. HALE and
CYNTHIA L. HEATON	
THE RESIDENCE OF THE PERSON OF	
I further certify that the following marriage certificate was filed in my of	
JANICE S. CHILEWSKI (name), certify that	
HENDRICKS County, Indiana, HERBERT T. HALE	of HENDRICKS County,
IN (state) and CYNTHIA L. HEATON	HENDRICKS

(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit HENDRICKS County, Indiana, dated \_\_\_\_ Court of \_ 12-6-90

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 \_

> Signed \_ Clerk HENDRICKS \_Circuit Court

(date).

AFML/PD 1

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

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 11-20-9.

Name of Physician Charles Lastrook.

MALE APPLICANT	FEMALE APPLICANT
Name James Kenneth Last awards	Name Sandra Middle ay Baldauf
Date of Birth — Month Day 1961a	Date of Birth AMonth Day 19/05
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)  Cuya koga Okio Logain Co.
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
R.R. HI Box 140 Stilesville, In. 46180	204 E. 23rd St. Lorain, 10H 44055
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: DBirth Certificate Other (Specify) Brivers Lice.	Date of birth verified by: Dirth Certificate Other (Specify)
PHRIME AFORCES I.D	Are you now or have you ever been adjudged to be of unsound mind? No <sup>4</sup> □ Yes □
Are you now or have you ever been adjudged to be of unsound mind? No      Yes □  If answer is "yes," has the adjudication been removed?  No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No 🕒 Yes 🗆
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☐—Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.  Joshua W. Rivera
	6 (a) Full page of father
6. (a) Full name of father of dependent children	of dependent children Wilson Kivera
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	of dependent children Sanara Kay Baldaut
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Michael Edwards	7. (a) Full name of applicant's father Joseph Vincent Bauldaut
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Punn sylvania
(b) Full maiden name of applicant's harman	(b) Full maiden name of applicant's Lamce
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Uirginia.
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Canada K. Educada Date X21 Nov 90	immune deficiency syndrome)
Signature of Applicant Date Applicant Date Applicant	Signature of Applicant Andra K. Baldauf Date & Nov. 219
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
State of Indiana HENDRICKS ) ss:   I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
Signed James K. Edwards	signed & Sandra K. Baldauf
New Address X	New Address
Subscribed and sworn to before me this 2 lot day of	New Address Subscribed and sworn to before me this 2 lot day of 1201 . 19 90
Corni Jauson Clerk of the HENDRICKS Circuit Court	Consideration Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ss:
County of HENDRICKS	County of
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
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RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana
dated November 21, 1990 , authorizing the marriage of	James Kenneth Edwards and
Sandra Kay Baldauf	
I further certify that the following marriage certificate was filed in my of Patricia A. Douglass	
Marion Tamos K. Fo	on11/23/90 (date), atIndianapolis in
County, Indiana,	County
Indiana (state), and Sandra Kay Baldauf	
	d under a marriage license that was issued by the Clerk of the Circu
Court of HENDRICKS County, Indiana, dated November	er 23, 1990
Signed by: Patricia A. Douglass, Judge	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana or	
a new and recorded in accordance with the laws of the state of indiana of	1
	Signed Connectauson Cleri
AFML/PD1	HENDRICKS Circuit Cour

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS Co

\_ County

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for licens	se
A person who knowingly furnishes false information to a clerk of t	the
circuit court 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

If accessed in Year Teach the districtable have increased   No D Yea D	MALE APPLICANT	FEMALE APPLICANT
The property of the property o	Name First Middle Last	Name First Middle Vast
The second of th	Date of Birth Month Day Year	Date of Birth Month Day Year 1
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Clerk of Court    Date   Date   Clerk of Court   Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
County of HENDRICKS in this application is true and correct.  Signed Signed Subscripted and sworn to before me this 2 day of 12 19 19 19 19 19 19 19 19 19 19 19 19 19		
County of HENDRICKS in this application is true and correct.  Signed Signed Subscripted and sworn to before me this 2 day of 12 19 19 19 19 19 19 19 19 19 19 19 19 19	State of Indiana	State of Indiana ) I swear/affirm that the information given
Subscribed and sworn to before me this 2		THENTODICEC SS'
New Address	Signed & Wool & Benlly	Signed (Impile, m. Ollin)
Subscribed and sworn to before me this 2 day of HENDRICKS   Surcust Court  CONSENT OF PARENT, RAFENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary  Signed   Father   Signed   Signed   Signed   Subscribed and sworn to before me this   Signed   Subscribed and swor		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the subscribed and sworn to before me this		
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Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me thi		
Signed South of the above named parties, the Court of ANGELA MARIE ALLEN In (state), and State) were married by me as authorized under a marriage license that was issued by the Clerk of the Crounty of Marion County.  In (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Crounty of Marion County.  In (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Crounty of Marion County.  In (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Crounty of Marion County.  In (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Crounty of Marion County.  In (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Crounty of Marion County.  In (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Crounty 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 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 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 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 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 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 Marion County.  In (state) were married license that was issued by the Clerk of the Circuit Court of Marion County.  In		State of Indiana HENDRICKS ) ss:
Signed Signed Mother Signed Mother Signed Mother Signed Mother Signed Mother Subscribed and sworn to before me this day of 19 Clerk Clerk Signed Mother Subscribed and sworn to before me this day of 19 Clerk County Mother Clerk Clerk Subscribed and sworn to before me this day of 19 Clerk County Mother Clerk of the County Subscribed and sworn to before me this day of 19 Clerk County Mother Clerk of the County Subscribed and sworn to before me this day of 19 Clerk Clerk of the County Subscribed and sworn to before me this day of 19 Clerk Clerk of the County, Subscribed and sworn to before me this day of 19 Clerk Clerk of the County, Subscribed and sworn to before me this day of 19 Clerk Clerk of the County, Subscribed and sworn to before me this day of 19 Clerk of the Clerk of the County, Subscribed and sworn to before me this day of 19 Clerk Clerk of the Clerk of the Count, by written order issued by the Above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, JOEL ERIC BENTLEY and HENDRICKS County, Indiana, Angella Marie Allen of Marion County In (state), and Angella Marie Allen 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 12-12-90  Signed by: /s/ PAUL MALLORY PASTOR (official designation)  Signed Angella Marie Allen (date).  Signed Angella Ang		County of)
Subscribed and sworn to before me this		Signed Father
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the and filed in authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana dated JOEL ERIC BENTLEY and HENDRICKS County, Indiana JOEL ERIC BENTLEY bat the following marriage certificate was filed in my office:  I, PAUL MALLORY (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS County, Indiana, JOEL ERIC BENTLEY of HENDRICKS County, Indiana, JOEL ERIC BENTLEY of MARION County, Indiana, Indiana, Saladed License that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-12-90  Signed by: /s/ PAUL MALLORY marriage license with the laws of the State of Indiana on 2-14-91 (date).  Signed Maria Allana Clerk  Ciert Court of HENDRICKS County, Indiana, dated 12-12-90  Signed Maria Allana Clerk  Ciert Court of HENDRICKS County, Indiana, dated 12-14-91 (date).  Signed Maria Allana Clerk		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 and ANGELA MARIE ALLEN  I further certify that the following marriage certificate was filed in my office:  I, PAUL MALLORY (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS County, Indiana, JOEL ERIC BENTLEY of MARION County, Indiana, ANGELA MARIE ALLEN of MARION County IN (state), and ANGELA MARIE ALLEN 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 12-12-90  Signed by: /s/ PAUL MALLORY PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 2-14-91 (date).  Circuit Court of Signed And Clerk of Indiana on 2-14-91 (date).		
County	CIETA	Clerk
ANGELA MARIE ALLEN  In the state of the following marriage certificate was filed in my office:  In the state of the following marriage certificate was filed in my office:  In the state of the following marriage certificate was filed in my office:  In the state of the following marriage certificate was filed in my office:  In the state of the following marriage certificate was filed in my office:  In the state of the following marriage certificate was filed in my office:  In the state of the following marriage certificate was filed in my office:  In the state of the following marriage certificate was filed in my office:  In the state of the following marriage certificate was filed in my office:  In the state of the state of the state of Indiana on the state of Indi		
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana dated JOEL ERIC BENTLEY and ANGELA MARIE ALLEN  I further certify that the following marriage certificate was filed in my office:  I, PAUL MALLORY (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS County, Indiana, JOEL ERIC BENTLEY of MARION County, Indiana, ANGELA MARIE ALLEN 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 12-12-90  Signed by: /s/ PAUL MALLORY PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 2-14-91 (date).  Signed Maria Maria County (date).		
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana dated		
dated	RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
ANGELA MARIE ALLEN  I further certify that the following marriage certificate was filed in my office:  I, PAUL MALLORY (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS County, Indiana, JOEL ERIC BENTLEY of HENDRICKS County, Indiana, ANGELA MARIE ALLEN of MARION County, Indiana, Indiana, Indiana, dated 12-12-90  Signed by: /s/ PAUL MALLORY PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 2-14-91 (date).  Signed Marie Allen (date).	I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
ANGELA MARIE ALLEN  I further certify that the following marriage certificate was filed in my office:  I, PAUL MALLORY (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS (name), at CARTERSBURG (name), at CARTERS	dated 11.37.90 authorizing the marriage of	JOEL ERIC BENTLEY
I further certify that the following marriage certificate was filed in my office:  I, PAUL MALLORY (name), certify that on 12-1-90 (date), at CARTERSBURG in HENDRICKS County, Indiana, JOEL ERIC BENTLEY of HENDRICKS County, Indiana, ANGELA MARIE ALLEN of MARION County, Indiana, dated 12-12-90  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-12-90  Signed by: /s/ PAUL MALLORY PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 2-14-91 (date).  Signed Maria Angle An	, authorizing the marriage of	and.
I, PAUL MALLORY HENDRICKS County, Indiana, IN (state), and ANGELA MARIE ALLEN 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 12-12-90 Signed by: /s/ PAUL MALLORY Filed and recorded in accordance with the laws of the State of Indiana on 2-14-91 Signed Marie James Clerk Court of Signed Marie James Clerk Court of Mario County, Indiana, dated 12-12-90 Signed Mario Clerk Signed Mario Clerk Court of Mario County, Indiana on 2-14-91 Clerk		
HENDRICKS  County, Indiana, JOEL ERIC BENTLEY  IN (state), and ANGELA MARIE ALLEN  Of MARION  County, Indiana, dated IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS  County, Indiana, dated IN (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on IN (date).  Signed Marion County, Indiana, dated IN (date).		
IN (state), and ANGELA MARIE ALLEN 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 12-12-90  Signed by: /s/ PAUL MALLORY PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 2-14-91 (date).  Signed Marion County.  County.	I, PAUL MALLORY (name), certify that	on 12-1-90 (date), at CARTERSBURG in
IN (state), and ANGELA MARIE ALLEN 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 12-12-90  Signed by: /s/ PAUL MALLORY PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 2-14-91 (date).  Signed MARION County  County  County  County  Signed MARION County  Signed MARION County  Signed MARION County  County	HENDRICKS County, Indiana, JOEL ERIC BENTLE	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 12-12-90  Signed by: /s/ PAUL MALLORY PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 2-14-91 (date).  Signed Marriage license that was issued by the Clerk of the Circuit (official designation)  Clerk Of the Circuit (accordance with the laws of the State of Indiana on 2-14-91 (date).	THE A SHOPE A MARKET ALLER	
Court of	IN(state) were married by me as authorized	그 사내는 하나는 요. 안 되었다. 그는 나는 그는 그는 그들은 그는 그들은 그는 그들은 그는 그를 보는 것이다. 그는 그를 보는 그를 보는 것이다. 그를 보는 것이다. 그렇게 그렇게 되었다. 그렇게 그렇게 그렇게 되었다. 그렇게 그렇게 그렇게 되었다. 그렇게 그렇게 그렇게 되었다. 그렇게 그렇게 그렇게 그렇게 되었다.
Signed by:/s/ PAUL MALLORY , PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on	THE PROPERTY.	
Filed and recorded in accordance with the laws of the State of Indiana on 2-14-91 (date).  Signed	County, Indiana, dated	
Signed	Signed by: /S/ PAUL MALLOKY , PASTOR	
Signed Innie Laws Clerk	Filed and recorded in accordance with the laws of the State of Indiana on	2-14-91 (date).
•		

\_Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

11-21-90 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 Name of Physician Report Dated 11.15

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Vetabell	Name Coleraboth Middle Pastiller
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Adiana
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate  Other (Specify)  Driver Speciese	Date of birth verified by:   Birth Certificate Stother (Specify)  Drivers Hosen
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes □  If answer is "yes," has the adjudication been removed?  No □ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No∠□ Yes □     If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin? No □ Yes □	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ✓ Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No. 2 Yes   5. Liet the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  Not Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Salary Salary Salary	7. (a) Full name of applicant's
father phin prince 1 stabili	father Steven William Pariston of Steven of Steven of Steven (If deceased as a state)
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother Patricia Jane Sutton  Residence of mother (if deceased so state)	mother Vlayry and Tyller
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant fact Withhell Date 11/21/90	Signature of Applicant X Chyabetha Miller Date 11/21/90
	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss:   I swear/affirm that the information given in this application is true and correct.
Signed & Jace L. Mitchell	Signed × Clizabeth a Miller
New Address 4355 N. 900 E. R. Brownsburg	New Address 43/55 N. 900 C. Rd Brownsburg 4
Subscribed and sworn to before me this 21 day of Tour., 1990 46/120	Subspribed and sworn to before me this 21 day of 900, 1990
Clerk of the HENDRICKS Circuit Court	Cornic Hawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS )
County of HENDRICKS	State of Indiana HENDRICKS ) County of) ss:
Signed Father	Signed Father
Signed Mother Subscribed and sworn to before me this day of, 19	Signed Mother Subscribed and sworn to before me this day of, 19
Clerk	Subscribed and sworn to before me this day of 19 Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I 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	JACE LYNDON MITCHELL and
ELIZABETH ANN MILLER	
	office
I further certify that the following marriage certificate was filed in my of I,LARRY W. BUSH (name), certify that	
MARION County, Indiana, JACE LYNDON MIT	CCHELL of HENDRICKS County.
IN(state), andELIZABETH ANN MILLE	ER Of HENDRICKS County,
alm (2001) 2후 142.40 (1) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	d under a marriage license that was issued by the Clerk of the Circuit
Court of (state) were married by me as authorized to the married by me as authorized to the court of (state) were married by me as authorized to the married by me as authorized to the court of (state) were married by me as authorized to the court of (state) were married by me as authorized to the court of (state) were married by me as authorized to the court of (state) were married by me as authorized to the court of (state) were married by me as authorized to the court of (state) were married by me as authorized to the court of (state) were married by me as authorized to the court of (state) were married by me as authorized to the court of (state) were married by me as authorized to the court of (state) were married by me as authorized to the court of (state) were married by me as authorized to the court of (state) were married by me as authorized to the court of (state) were married by me as authorized to the court of (state) were married by me as authorized to the court of (state) were married by me as authorized to the court of (state) were married by me as authorized to the court of (state) were married by me as authorized to (state) were married by me as authorized to (state) were married by me as authorized to	
count of county, indiana, dated1	
Signed by: /s/ LARRY W. BUSH , MINISTER	Trans 4. Transfer 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Filed and recorded in accordance with the laws of the State of Indiana or	March 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 -
	Signed
AFML/PD I	HENDRICKS Circuit Court

# 574

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

AFML/PD 1

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

No. 665 

Date of Application

Circuit Court

HENDRICKS

1-7-3 commits a Class D felony.	A MALE STORY OF THE PARTY OF TH
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Hellen Widney Gr.  Date of Birth Month Day Year	Name First Middle Last Widdle Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Adiara	- I presenta
Residence Address Street or R.R. City County State On County S	Residence Address . Street or R.R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate  Other (Specify)	DeDate of birth verified by:   Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No	1. Are you now or have you ever been adjudged to be of unsound mind? Note Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?  No. Yes   4. Are you now under the influence of a narcotic drug?  No. Yes	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes □  Yes □
5. List the full names of any dependent children. None	5. List the full names of any dependent children
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Kobert aller Chadre	7. (a) Full name of applicant's William Duane S
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicants arche Begin Barrae	(b) Full maiden name of applicant's Shirly (latus arse
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kharthaling Date 11/21/90	Signature of Applicant X BISA March Smith Date 11-21-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs.  Clerk of Court Date	Clerk of Court Date
State of Indiana	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ) ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed Kobet Jhdry Ja New Address Same	signed Susa Marce Smith
New Address Sume	New Address Same
Subscribed and sworn to before me this 21 day of 1990  Brice Pawson Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this Al day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Constitution of the state of th	
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	Court, by written order issuede issuance of a marriage license to the above named parties.
and filed in authorizes and directs the RETURN OF MARRIAGE LICEN	Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  HENDRIGHE
and filed in, authorizes and directs the	Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  the Clerk of the Circuit Court of HENDRICKS County, Indiana,
County	Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  the Clerk of the Circuit Court of HENDRICKS County, Indiana,
and filed in, authorizes and directs the	Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  the Clerk of the Circuit Court of HENDRICKS County, Indiana,
and filed in	Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  The Clerk of the Circuit Court of HENDRICKS County, Indiana, ROBERT ALLEN ANDRY JR.  and  office:
County	Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  the Clerk of the Circuit Court of HENDRICKS County, Indiana,  ROBERT ALLEN ANDRY JR.  and  office:  t on 12-8-90 (date), at MOORESVILLE in
County	Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  The Clerk of the Circuit Court of HENDRICKS County, Indiana, ROBERT ALLEN ANDRY JR. and  The confice:  The confice of HENDRICKS in HENDRICKS County, Indiana,  The confice of HENDRICKS and MOORESVILLE in HENDRICKS County,  The confice of HENDRICKS County,  The confice of HENDRICKS County,  The confice of HENDRICKS County,
and filed in	Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  The Clerk of the Circuit Court of HENDRICKS County, Indiana,  ROBERT ALLEN ANDRY JR. and  The county of HENDRICKS County, Indiana,  ANDRY JR. of HENDRICKS County,  The county of HENDRICKS County of HENDRICKS County,  The county of HENDRICKS County of HENDRICKS County,  The county of HENDRICKS COUNTY
RETURN OF MARRIAGE LICEN  I certify that there was filed in my office a marriage license issued by the dated	Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  The Clerk of the Circuit Court of
RETURN OF MARRIAGE LICEN  I certify that there was filed in my office a marriage license issued by the dated	Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  The Clerk of the Circuit Court of HENDRICKS County, Indiana, ROBERT ALLEN ANDRY JR. and  The confice:  The confice of HENDRICKS County, Indiana, and MOORESVILLE in HENDRICKS County, and MOORESVILLE in HENDRICKS County, and MOORESVILLE in HENDRICKS County, and Under a marriage license that was issued by the Clerk of the Circuit 11-21-90
RETURN OF MARRIAGE LICEN  I certify that there was filed in my office a marriage license issued by the dated	Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  The Clerk of the Circuit Court of HENDRICKS County, Indiana, ROBERT ALLEN ANDRY JR. and  The confice:  The confice of HENDRICKS County, The confice of the Circuit of the Ci
RETURN OF MARRIAGE LICEN  I certify that there was filed in my office a marriage license issued by the dated	Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  The Clerk of the Circuit Court of HENDRICKS County, Indiana,  ROBERT ALLEN ANDRY JR. and  The confice:  The confice of Hendricks County,  The confice of the Circuit Court of Hendricks County,  The confice of the Circuit Court of Hendricks County,  The confice of the Circuit Court of County,  The confice of County of County,  The confice of County of County,  The confice of County of County of County,  The confice of County of County of County,  The confice of County of County of County of County,  The confice of County of
and filed in	Court, by written order issued e issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  e Clerk of the Circuit Court of HENDRICKS County, Indiana, ROBERT ALLEN ANDRY JR. and  office: t on 12-8-90 (date), at MOORESVILLE in ANDRY JR. of HENDRICKS County, of HENDRICKS County, d under a marriage license that was issued by the Clerk of the Circuit 11-21-90  (official designation) 12-11-90

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

HENDRICKS

MALE ADDITIONAL	FEMALE APPLICANT
Name — Kirst Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1318 bollog Site apt. 4 Bollog 180	LO Bex 3110 Litterior 10
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death Divorce Annulment Divorce
Date of birth verified by: Birth Certificate  Other (Specify)	Date of birth verified by:     Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No   Yes   Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐  Are you related to the male applicant closer than second cousin?  No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No □ Yes □ 3. Are you now under the influence of an alcoholic beverage? No □ Yes □	2. Are you related to the male applicant closer than second cousin? No ♥ Yes □ 3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □
4. Are you now under the influence of a narcotic drug?  No  Yes	4. Are you now under the influence of a narcotic drug? No S Yes C
5. List the full names of any dependent children. The belg fishede,	5. List the full names of any dependent children.
Dorald Patrick, Mother Ryan	6 (a) Full came of father
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Later grane Raymus	7. (a) Full name of applicant's Secold . Long.
Residence of father (if deceased, so state) Muhaia HO	Residence of father (if deceased, so state) The Proposed In
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Panela Sunteldentrand	(b) Full maiden name of applicant's mother
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	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 (acquired
immune deficiency syndrome).] //	immune deficiency syndrome).
Signature of Applicant & Juffey & Roymus Date	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information give in this application is true and correct.
	000000
Signed X Jufface & Kongmus New Address	Signed Della hang
Subscribed and sworn to before me this 2 day of 19 90	New Address Subscribed and sworn to before me this 26 day of 1990
Tornie gowo Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
	County of)
Signed Father	Signed Father
Signed Mother Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of, 19 Cler
COMPLETE IE 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 LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana
dated 11-29.90 , authorizing the marriage of	JEFFERY STUART RAZMUS and
dated, additioning the marriage of	
JO ELLEN LONG	
I further certify that the following marriage certificate was filed in my o	
I, WILLIAM CHARLES McGRAW (name), certify that BOONE JEFFERY STUART	DA 7MI IC WADDEN
County, Indiana,	
KY(state), andJO ELLEN LONG IN	of HENDRICKS County
HENDRICKS 1	d under a marriage license that was issued by the Clerk of the Circu-28-91
Court of County, Indiana, dated	
Signed by: /s/ WILLIAM CHARLES McGRAW , MINISTER	
Filed and recorded in accordance with the laws of the State of Indiana of	n 1-29-91 (date).
	Signed Mine James Cler
	CIEI

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No.	667
File	
	11-26-90
	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

Name of Physician Court Clements

MALE APPLICANT	FEMALE APPLICANT
Name Q First Middle RLast	Name Cathie Middle Cummins
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
9880 W 1041 ST Indps IN 46234	7878 Maureen Jerrace Indps 1,146
Previous Marital Status: Never Married  OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death □ Divorce ✓ Annulment □
Date of birth verified by:  Birth Certificate  Other (Specify)	Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)
	Are you now or have you ever been adjudged to be of unsound mind? No.      Yes
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □      If answer is "yes," has the adjudication been removed?      No ☑ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐  If answer is "yes," has the adjudication been removed? No ✓ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 🗹 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No   ✓ Yes □	3. Are you now under the influence of an alcoholic beverage? No   Yes □
4. Are you now under the influence of a narcotic drug? No. Yes	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	Cummins Reyearsold
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Barthplace of mother (State or foreign country)
7. (a) Full name of applicant's Horner Buch	7. (a) Full name of applicant's
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother trained date Dillori	mother Forence Lucille Fries
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that gauses AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome?	immune deficiency syndrome).
Signature of Applicant Decimply Date 11-26 90	Signature of Applicant Cathiers Cumming Date 11-26-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.  Clerk of Court Date
State of Indiana County of HENDRICKS  Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
Signed Out to Buckly	Signed Cathie & Cumming
New Address 1763 CATHLOND DR INDINAP 46214	New Address 1763 Catalana Dr. Indps 46214
Subscribed and sworp to before me this 26th day of November 1990	Subscribed and sworn to before me this 26th day of Dovember, 1990
Carrie Hauson Clerk of the HENDRICKS Circuit Court	Connie Kauson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana HENDRICKS
County of HENDRICKS ss:	County of ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in authorizes and directs the	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
	HENDRICKS
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court ofCounty, Indiana,
dated, authorizing the marriage of	REX K. BUNCH and
CATHIE S. CUMMINS	
I further certify that the following marriage certificate was filed in my o	ffice:
I,	
MARION County, Indiana, REX K. BUNCH	of HENDRICKS County,
IN (state), and CATHIE S. CUMMINS	of MARTON 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 12-	
사람들이 하고 있다면 하는데 다른 그 사람들은 나를 가면 하고 있다면 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하다.	MINISTER (official designation)
	12-17-90
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed Clerk
AFML/PD1	HENDRICKS Circuit Court

\_Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

AFML/PD I

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

668 11-26-98
Date of Application

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

Female Medical Examination or Report Dated /d-6Name of Physician Mennedy

Come of term "State of the Come of the Com	MALE APPLICANT	FEMALE APPLICANT
Transcal forms   Noting   Deep C   Deep	1/1/2 ( 1/2 - )	
Present a facility in Standard Committed Commi		
Previous lateral laws, the whole of the Corrience Scotley County Total S	Place of Birth (State Doreign country)	Place of Birth (State or foreign country)
Previous direct States. Never Marries Confidence Control Contr		
Lest Name of London Drover C Annahumen C Design Continues Colored (Specify) Michael Colored Co		29 Fairland Dr. Drumsburg
Does of team servined by © don't certificate Defore (Specify Assessment Specific Contents of the State of Institute Contents of team servined by © don't read of the servined Specific Contents on the servine Specific Contents on the serv	Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Are you crow or have you eart been educided to be of unacound minor?  If all severe is a "yes," has the adjudication been recoved?  No.   Yes      Are you crow or have you man been educided to be of unacound minor?  No.   Yes      Are you crow or have the displaced continues to be according to the yes   Yes      Are you can under the dismost applicated content of the yes   Yes      Are you can under the dismost of an according heart of the recovery of the yes   Yes      Are you can under the dismost of the recovery of the yes   Yes      Are you can under the dismost of the yes   Yes      Are you can under the dismost of the yes   Yes      Are you can under the dismost of the yes   Yes      Are you can under the dismost of the yes   Yes      Are you can under the dismost of the yes   Yes      Are you can under the dismost of the yes   Yes      Are you can under the dismost of the yes   Yes      Are you can under the dismost of the yes   Yes      Are you can under the dismost of the yes   Yes      Are you can under the dismost of the yes   Yes      Beat of the dismost of the yes   Yes      Beat of the dismost of the yes   Yes      Beat of the ye	, , ,	7 ~ 9.
Harmonia Tayer, Tan the adjuictation been recovered?   No.   Tayer	Date of birth verified by: Birth Certificate Other (Specify) Number Occ.	Date of birth verified by: Birth Certificate Of Other (Specify)
2. An app on counter the inclinance of an inclinance of an according toward in the country of th	1. Are you now or have you ever been adjudged to be of unsound mind? No V Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
Any point own under the influence of an accordio, bearupy?  No. Vis. D. Any point own under the influence of an accordio (sourg)?  Let the full names of any dependent children.  Let the full names of any dependent children.  Residence of their filtren of the point of according to the point of according	If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
A pay no row under the illuments of a neutrice droig?  No. Ves. D  Let the bull means of direct displaced children.  Let the bull means of direct displaced children.  Let the bull means of direct displaced children.  Bull project of their clinices of means of their displaced, so statis!  Bull project of their clinices of their clinices.  Project of their clinices of their clinices of their clinices.  Bull project of their clinices of their clinices of their clinices.  Bull project		
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Residence of share (disease of bronge country)  1) Full materia made of colorands and mother of dependent children Residence of individual for deceased, so state)  1) Full material made of deceased, so stat		
Residence of tame (if deceased, to state)  Birthylace of their (State or foreign country)  (b) Fall makes raise of enables  Residence of souther (if deceased, so state)  Birthylace of mother (if deceased, so state)  Residence of souther (if deceased, so state)  Residence of souther (if deceased, so state)  Residence of souther (if deceased, so state)  Residence of state (		
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Residence of souther (If deceased, so state) Bittyless of entire (Iffect seems of system) Residence of time (Iffect seems, country) Residence of other (Iffett or foreign country) Re		
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Residence of tasher (if deceased, so state)  (b) Full makes many peptients*  (c) Full makes many peptients*  (c) Full makes many peptients*  (d) Full makes many peptients*  (e) Full makes ma		
Birmiplace of tabler (Blase or foreign country)  (b) Full mation may go projectors:  Birmiplace of mother (Classe or foreign country)  ACXIONAL EDMONTH  Birmiplace of mother (Classe or foreign country)  Birmiplace of mother (Classes	P. l. Ata.	~
Bithiplace of mother (State or foreign country)  ACKNOWLEDGUERT  ACKNOWLEDGUER	1-20 1211 6	-/
Residence of mother (if decessed, so state) Application of mother (if decessed, so state) Application of mother (State of breign country) Application of ACNOWLEDGENT I acknowledge that I have received information regarding dargerous communicable diseases that are sexually transmitted, and a list of the least site for the virus that causes AIDS (acquired breath of the property) and the country of the virus that causes AIDS (acquired breath of the property) and the country of the virus that causes AIDS (acquired breath of the property) and the country of the virus that causes AIDS (acquired breath of the property) and the country of the virus that causes AIDS (acquired breath of the property) and the country of the virus that causes AIDS (acquired breath of the property) and the country of the virus that causes AIDS (acquired breath of the property) and the property of the virus that causes AIDS (acquired breath of the property) and the property of the virus that causes AIDS (acquired breath of the property) and the country of the property of the property) and the property of the property of the property of the property of the services of the property of the propert		- Marana Miller II day
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Leknowloge that I have necessited information, preparing dangerous communicable diseases that are secularly immunited against to the left gives for the virus that causes AID (secular minute declicancy syndroms) are sufficiently as a secular to the left state of the left states for the virus that causes AID (secular minute declicancy syndroms) are secularly immune declicancy syndroms are sufficiently as a secular for the virus that causes AID (secular minute declicancy syndroms) are sufficiently as a secure of the other parent with the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above acconserving ment because of religious beliefs.    Date	1. 01	1)
Leknowloge that I have necessited information, preparing dangerous communicable diseases that are secularly immunited against to the left gives for the virus that causes AID (secular minute declicancy syndroms) are sufficiently as a secular to the left state of the left states for the virus that causes AID (secular minute declicancy syndroms) are secularly immune declicancy syndroms are sufficiently as a secular for the virus that causes AID (secular minute declicancy syndroms) are sufficiently as a secure of the other parent with the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above acconserving ment because of religious beliefs.    Date		
Links are sexually transmitted, and alter of the test sites for the wins that causes AIDS (acquired manuma deficiency syndromy proposed on the plant sites for the wins that causes AIDS (acquired manuma deficiency syndromy) and the plant of the state of Applicant and Applicant and Applicant and Applicant and Applicant and Signature of Applicant		
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of religious beliefs.  Click of Court  Date  Date  Date  Click of Court  Signed  Date  Lewear/affirm that the information given in this application is true and correct.  Signed  Date  Lewear/affirm that the information given in this application is true and correct.  Signed  Date  Lewear/affirm that the information given in this application is true and correct.  Signed  Date  Lewear/affirm that the information given in this application is true and correct.  Signed  Date  Lewear/affirm that the information given in this application is true and correct.  Signed  Date  County of Date III Address  New Address  Subscribed and seven to before me this 26 any of Date III Address  Date Consent of PARENTS, PARENT, OR GUARDIAN  Weth the parents of this applicant, hereby give consent of this marriage. It only one parent signs, state lack which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed  Father  Signed  Father  Signed  Father  Signed  Father  County of Date III Address  Signed  Father  Signed  Father  County of Date III Address  Signed  Father  County of Date III Address  Signed  Father  County of Date III Address  Signed  Father  Signed  Father	that are a second to the second that a set a first a the second to the s	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of religious beliefs.  Click of Court  Date  Date  Date  Click of Court  Signed  Date  Lewear/affirm that the information given in this application is true and correct.  Signed  Date  Lewear/affirm that the information given in this application is true and correct.  Signed  Date  Lewear/affirm that the information given in this application is true and correct.  Signed  Date  Lewear/affirm that the information given in this application is true and correct.  Signed  Date  Lewear/affirm that the information given in this application is true and correct.  Signed  Date  County of Date III Address  New Address  Subscribed and seven to before me this 26 any of Date III Address  Date Consent of PARENTS, PARENT, OR GUARDIAN  Weth the parents of this applicant, hereby give consent of this marriage. It only one parent signs, state lack which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed  Father  Signed  Father  Signed  Father  Signed  Father  County of Date III Address  Signed  Father  Signed  Father  County of Date III Address  Signed  Father  County of Date III Address  Signed  Father  County of Date III Address  Signed  Father  Signed  Father	Signature of Applicant Juny / Date 11-26-90	Signature of Applicant Pamela & Rine Date 12/14/9
Conserved four parents of this applicant, hereby give consent for this marriage. If only one parent signs state of Indiana HENDRICKS   section of County of		
Signed Signed HENDRICKS   second of the application is true and correct.    Signed Sig	acknowledgment because of religious beliefs.	
Signed Address  New Address  Subscribed and sworn to biglore me this 226 day of 227 1920  Consent of parents of this applicant, hereby give consent for this marriage. If only one parent signs, state tects which make the consent of the other parent unnecessary  Subscribed and sworn to biglore me this 24 day of 221 19.20  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Signe	Clerk of Court Date	Clerk of Court Date
Signed Address  New Address  Subscribed and sworn to biglore me this 226 day of 227 1920  Consent of parents of this applicant, hereby give consent for this marriage. If only one parent signs, state tects which make the consent of the other parent unnecessary  Subscribed and sworn to biglore me this 24 day of 221 19.20  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Mother  Subscribed and sworn to before me this day of Signed Signe	State of Indiana  HENDRICKS  I swear/affirm that the information given in this application is true and correct.	PERSONAL CONTRACTOR CO.
New Address Subscribed and sworn to biglore me this 26 day of 1970 Clerk of the HENDRICKS Circuit Court  Consent of Parents, Parent, Or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, states facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Gounty of Signed Gount of the Clerk of the Marriage II only one parent signs.  State of Indiana HENDRICKS  Signed Father Signed Gounty of Marriage II cense having been refused to the above named parties, the consent of the other parent unnecessary  Subscribed and sworn to before me this Gounty of Marriage II cense having been refused to the above named parties, the 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  In KENNETH KRAFT (name, pertify that on 12-24-90 (date), at BROWNSBURG IN (state), and PAMELA GAY KING  IN (state), and PAMELA GAY KING  IN (state) and PAMELA GAY KING  IN (state) and PAMELA GAY KING  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-24-90 (date).	- Cohencer less	
Subscribed and sworn to before me this 26 day of 26 day		
Consent of Parents, Parent, Or Guardian  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary  Signed Father Signed Father Signed Father Clerk  Subscribed and sworn to before me this day of 19 Clerk  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County of County that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, GREGORY COHEN Of HENDRICKS COUNTY, Indiana, GR	Subscribed and sworn to before me this 26th day of 70th 1990	Subscribed and sworn to before me this 14 day of Nec 19.70
we, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the bayes of the fact of the other parent unnecessary state of the state of indiana HENDRICKS  Stat	Cranic Lawson Clerk of the HENDRICKS Circuit Court	Connie damen Clerk of the HENDRICKS Circuit Cour
State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19.  County of Subscribed and sworn to before me this day of 19.  County of Subscribed and sworn to before me this day of 19.  County authorizes and directs the issuance of a marriage license having been refused to the above named parties, the County that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, GREGORY COHEN  In (state), and PAMELA GAY KING  In (state), and PAMELA GAY KING  In (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit of HENDRICKS County, Indiana, dated 12-24-90 (date), at BROWNSBURG IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit of HENDRICKS County, Indiana, dated 12-24-90 (date), at L. KENNETH KRAFT (name), certify that on 12-24-90 (date) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit of HENDRICKS County, Indiana, dated 12-24-90 (date).  State of Indiana HENDRICKS (date) as:  State of Indiana HENDRICKS (	CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
State of Indiana HENDRICKS   Signed   Father Signed   Mother Subscribed and sworn to before me this   day of   19.   Subscribed and sworn to before me this   day of   19.   Clerk   Subscribed and sworn to before me this   day of   19.   Clerk   County   Great	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
Signed Signed Father Signed Mother Signed Signed Subscribed and sworn to before me this day of Subscribed and swor	state lacts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Signed Signed Father Signed Mother Signed Signed Subscribed and sworn to before me this day of Subscribed and swor	State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS )
Signed		County of) ss:
Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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, authorizing the marriage of GREGORY COHEN and PAMELA GAY KING  If further certify that the following marriage certificate was filed in my office:  I, L. KENNETH KRAFT (name), certify that on 12-24-90 (date), at BROWNSBURG is HENDRICKS County, Indiana, GREGORY COHEN of HENDRICKS County, Indiana, GREGORY COHEN of HENDRICKS County, Indiana, GREGORY COHEN of HENDRICKS County, Indiana, dated 12-24-90  Signed by: /s/ L. KENNETH KRAFT MINISTER (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-28-90 (date).		Signed Father
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 and Alaced 12-14-90 authorizing the marriage of GREGORY COHEN and PAMELA GAY KING  I further certify that the following marriage certificate was filed in my office:  I, L. KENNETH KRAFT (name), certify that on 12-24-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, GREGORY COHEN of HENDRICKS County In (state), and PAMELA GAY 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 12-24-90 (date).  Signed by: 18/L. KENNETH KRAFT MINISTER (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-28-90 (date).		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County		Subscribed and sworn to before me this day of 19 Clerk
County	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	The said the said of the said
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana dated 12-14-90 , authorizing the marriage of GREGORY COHEN and PAMELA GAY KING  I further certify that the following marriage certificate was filed in my office:  I, L. KENNETH KRAFT (name), certify that on 12-24-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, GREGORY COHEN of HENDRICKS County, Indiana, GREGORY COHEN of HENDRICKS County, Indiana, Grace of HENDRICKS County, Indiana, Grace of HENDRICKS County, Indiana, dated 12-24-90  Signed by: /s/ L. KENNETH KRAFT MINISTER (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-28-90 (date).	County	Court, by written order issued
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, and partiage certificate was filed in my office:  I, L. KENNETH KRAFT (name), certify that on 12-24-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, GREGORY COHEN of HENDRICKS County, Indiana, GREGORY COHEN of HENDRICKS County, Indiana, GREGORY COHEN of HENDRICKS County, Indiana, Green, and Pamela Gay King of Hendricks County, Indiana, Green, and Green,	and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
dated 12-14-90 authorizing the marriage of GREGORY COHEN and PAMELA GAY KING  I further certify that the following marriage certificate was filed in my office:  I, L. KENNETH KRAFT (name), certify that on 12-24-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, GREGORY COHEN of HENDRICKS County, Indiana, GREGORY COHEN of HENDRICKS County, Indiana, GREGORY COHEN of HENDRICKS County, Indiana, Green and Green of Green of Green of Green of Green of HENDRICKS County, Indiana, dated 12-24-90 (date).  Signed by: /s/ L. KENNETH KRAFT MINISTER (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-28-90 (date).	RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I further certify that the following marriage certificate was filed in my office:  I,LKENNETH_KRAFT	I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana
I further certify that the following marriage certificate was filed in my office:  I,LKENNETH_KRAFT	dated 12-14-90 authorizing the marriage of	GREGORY COHEN
I further certify that the following marriage certificate was filed in my office:  I,L_KENNETH_KRAFT		
I, L. KENNETH KRAFT (name), certify that on 12-24-90 (date), at BROWNSBURG is HENDRICKS County, Indiana, GREGORY COHEN of HENDRICKS County IN (state), and PAMELA GAY KING of HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circumptor of HENDRICKS County, Indiana, dated 12-24-90  Signed by: /s/ L. KENNETH KRAFT MINISTER (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-28-90 (date).		office:
HENDRICKS  County, Indiana, GREGORY COHEN  IN (state), and PAMELA GAY KING  of HENDRICKS County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circumstance of the Circ		
IN (state), and PAMELA GAY KING of HENDRICKS County  IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circumpter of HENDRICKS County, Indiana, dated 12-24-90  Signed by: /s/ L. KENNETH KRAFT (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-28-90 (date).	HENDELONG CHECKER CONTRACTOR	HENDRICKE
IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circumour of HENDRICKS County, Indiana, dated 12-24-90  Signed by: _/s/ L. KENNETH KRAFT , MINISTER (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-28-90 (date).	County, Indiana,	USUBBYONG COUNTY
Court of County, Indiana, dated	(state), and	
Signed by:/s/_L. KENNETH_KRAFT MINISTER (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-28-90 (date).	TENEDICES	
Filed and recorded in accordance with the laws of the State of Indiana on 12-28-90 (date).	count of county, indiana, dated	
r ned and recorded in accordance with the laws of the State of Indiana on	Signed by: /s/ L. KENNETH KRAFT , MINISTER	
Signed Jonnie France ) Clar	Filed and recorded in accordance with the laws of the State of Indiana or	n (date).
		Signed James James Cler
	AFML/PD1	HENDRICKS Circuit Cour

AFML/PD 1

#### STATE OF INDIANA

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

669 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Many D.

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Campbell	Name Tira Middle. Calvet
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married & OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment Divorce
Date of birth verified by:   Birth Certificate  Other (Specify)	Date of birth verified by:   Birth Certificate Cother (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 4 Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?  No □ Yes □
2. Are you related to the female applicant closer than second cousin? No 🛱 Yes 🗆	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No □ ✓ Yes □ 4. Are you now under the influence of a narcotic drug? No □ ✓ Yes □
Are you now under the influence of a narcotic drug?     No □ Yes □     List the full names of any dependent children	5. List the full names of any dependent children.
5. List the full names of any dependent children.	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH
6. (a) Full name of father	6. (a) Full name of father
of dependent children  Residence of father (if deceased so state)	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Thomas R. Lampbell	7. (a) Full name of applicant's Garling Donas Suns
Residence of father (if deceased, so state) Blood To	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Shirley & Whine	(b) Full maiden name of applicant's Poetry year Intra-
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding 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 X 2 2 Cyclel Date 11-27-90	Signature of Applicant Signature of Applicant Date 11-27-90
Organical of Applicant	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
	State of Indiana ) I swear/affirm that the information given
State of Indiana County of HENDRICKS  ss:   Swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed & Signed & Spell	Signed Sixa M Calvert
New Address	New Address Same as above
Subscribed and sworn to before me this 2 day of 1990. 1990	Subscribed and sworn to before me this 2 day of 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	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, authorizes and directs the	Court, by written order issued issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 12.3-90 , authorizing the marriage of	DONALD J. CAMPBELL and
TINA M. CLAVERT	· · · · · · · · · · · · · · · · · · ·
I further certify that the following marriage certificate was filed in my o	
I, STEVEN T. REEVES (name), certify that HENDRICKS COUNTY TO BONALD J. CAMPBE	T.I. HENDRICKS
County, Indiana,	HENDRICKS County,
IN (state), andTINA M. CALVERT	oi county,
	I under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 12	-3-90
Signed by: /s/ STEVEN T. REEVES , PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana of	그리 경기를 즐겁는 것은 것이 아니라 가는 것이 아니는 생각이 되었다면 하는데 하는데 하는데 하는데 살아 없다면 하는데 없다.
I had and recorded in accordance with the laws of the State of Indiana of	n 12-11-90 (date)
	n (date).
	Signed Clerk  HENDRICKS Circuit Court

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

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 Middle Walker	Name Pirst Middle Last
Date of Birth Month Day Year	Date of Birth Month , Day , Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
10	
Residence Address Street or R.R. City County State	Residence Address 2 Street or R.R. City County State
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death □ Divorce ☒ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
0-1;	
Date of birth verified by: Birth Certificate Cother (Specify)	Date of birth verified by: Birth Certificate St Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 又 Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes □
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 🗗 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No 🔀 Yes 🗆
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes □
4. Are you now under the influence of a narcotic drug? No TYes	4. Are you now under the influence of a narcotic drug? No 💆 Yes 🗆
5. List the full names of any dependent children.	5. List the full names of any dependent children. Thousand Resources
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Reflect Thomas Walker	7. (a) Full name of applicant's Quantine Vage Maine
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Solma Solar Parish	(b) Full maiden name of applicant's Sale Andrews
	mother Stella thetay
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Birtiplace of mother (State of foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant & gary 2 Walks Date 11 27 190	Signature of Applicant & Samela R Jarry Date 11/27/9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ) ss: Is wear application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
Signed X gam 2 Walk	Signed + Pamilak Harris
New Address Same as above	New Address
Subscribed and sworn to before me this 27 day of 700. 19 90	Subscribed and sworn to before me this 2 day of 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Ctate of Indiana	
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of 19	Signed Mother  Subscribed and sworn to before me this day of, 19
Clerk	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IF MARPIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	. (1) 생기가 되었다면 가장 할 때 하는 사람들이 되었다면 하는 사람들이 가장 되었다면 하는 사람들이 되었다면 하는데 하는데 되었다면 하는데 하는데 되었다면 하는데
dated, authorizing the marriage ofGA	RY LEE WALKER and
PAMELA RENEE HARRIS	
I further certify that the following marriage certificate was filed in my or	ffice
그는 사람들은 그 그 아이들이 얼마나 있다면 그 것이 없는 것이다.	
	on 11-30-90 (date), at INDIANAPOLIS in
MARION County, Indiana, GARY LEE WAL	C HENDETCKS
(state), andPAMELA RENEE HARRI	of HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated	11-30-90
Signed by: /s/ MYRON BARNARD JUDGE	(official designation)
	12 4 00
Filed and recorded in accordance with the laws of the State of Indiana on	12-4-90 (date).
	Signed Minic Jawas Clerk
	HENDRICKS Ci

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Shells, Middle Wastfarland
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Same &	9512 Harmony Dr. And pla Hendricke
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married 🔼 OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 💆 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 10 Yes 🗆
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 又 Yes □	2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No □ Yes □
4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.	5. List the full names of any dependent children.
5. List the full maries of any dependent of motors.	THE THE
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7 (a) Full name of applicant's
tather horles bestay any	father English Tallow Tallow Besidence of father (if deceased, so state)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's O	(h) Full maiden name of applicant's
mother Dotty Jan Javan	mother process from the complete the state of the state o
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	I acknowledge that I have received information regarding 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 & Charles Alexander Date 11-27-90	Signature of Applicant & Shelle Jake M. Furband 11-27-
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.  Clerk of Court Date
Clerk of Court Date	
State of Indiana County of HENDRICKS  Signed  Signed  Signed  Signed  State of Indiana  I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address	Signed Y Milla fare 11 Sailand New Address
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of, 19 Clerk
[2] [1] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
	THE PROPERTY.
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court ofCounty, Indiana,
dated, dutilorizing the marriage or	HARLES W. EWING JR. and
SHEILA J. McFARLAND	
I further certify that the following marriage certificate was filed in my of the certify that J. SPENCE (name), certify that	
HENDRICKS County, Indiana, CHARLES W. E	
IN(state), andSHEILA J. McFARLA	
수 없는 이번 가게 되었다면 하면 그리고 있다면 하면 하면 하면 하면 하면 하는 것이 없는 것이 없는 것이다.	d under a marriage license that was issued by the Clerk of the Circuit
	1-27-90
Signed by: /s/ CYNTHIA J. SPENCE , 1ST DEPUTY	PCF
	11_27_90
Filed and recorded in accordance with the laws of the State of Indiana of	(date).
	Signed

\_Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

No.	1073
File	
	11-27,90
	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 11-2890
Name of Physician VS. Educado

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Susan Annette Last Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
ZO.	Residence Address Street or R.R. City County State
Residence Address Street or R.R. City County State	residente varies 2 2 11 12 12 En Portico
Previous Marital Status: Never Married DO OR	Previous Marital Status: Never Married C OR
ast Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate (A Other (Specify) Dr. Rie .	Date of birth verified by:   Birth Certificate D. Other (Specify)
	Are you now or have you ever been adjudged to be of unsound mind? No      Yes □
Are you now or have you ever been adjudged to be of unsound mind? No X Yes	Are you now or have you ever been adjudged to be of unsound mind? No      Yes □     If answer is "yes," has the adjudication been removed? No □ Yes □
If answer is "yes," has the adjudication been removed?  No □ Yes □  No □ Yes □  No □ Yes □	2. Are you related to the male applicant closer than second cousin? No ♥ Yes □
2. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes □
4. Are you now under the influence of a narcotic drug? No 🛊 Yes 🗆	4. Are you now under the influence of a narcotic drug? No □ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother of dependent children
of dependent children  Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7. (a) Full name of applicant's Aland Esster Waltons
father Specificance of father lift deceased as stated St. Mariana St.	Residence of father (if deceased, so state)
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's Madonia Rosenary Dal
mother Was W Brown	money _
Residence of mother (if deceased, so state) Topic and the	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Birthplace of mother (State of foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a Jist of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
to make a definition of a sendrome.	
Signature of Applicant Survey E. Howard Date 11/27/90	Signature of Applicant & Supar Walter Date 11/27/40
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs.  Clerk of Court Date	Clerk of Court Date
A STATE OF THE CONTRACT OF THE	
State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.
Signed X Viernon E. Howard	Signed & Susan Walton
New Address	Now Address
Subscribed and sworn to before me this 2 day of 1990.	Subscribed and sworn to before me this 2 day of 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana HENDRICKS ) ss:
State of Indiana HENDRICKS ) ss:	County of) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	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 authorizes and directs the	e issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of
dated 1-29.90, authorizing the marriage of VE	RNON EDWARD HOWARD and
SUSAN ANNETTE WALTERS	
I further certify that the following marriage certificate was filed in my	office:
I. D. ALAN RUMBLE (name), certify that	
HENDRICKS County, Indiana, VERNON EDWARD HOW	
IN (state), and SUSAN ANNETTE WAL	
(state), and	
HENDRICKS	d under a marriage license that was issued by the Clerk of the Circu
Court of HENDRICKS County, Indiana, dated 1	
Signed by: /s/ D. ALAN RUMBLE , PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana of	on 12-11-90 (date).
	Signed Space & Cler
	HENDRICKS Circuit Cou

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS \_ County

No.	673
File	
	11-27-90
No.	Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Themas Walker

MALE APPLICANT	FEMALE APPLICANT
lame / First Middle Print	Name First Middle Dast Less Kino
pate of Birth Month 7, Day, Year, 91.1	Date of Birth Month Day 19493
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Sp.	Residence Address Street or R.B. / City County State
desidence Address Street or R.R. City County State	1376 avon tof. Hairfield
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
ast Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
	Date of birth verified by:   Birth Certificate   Other (Specify)   F. J. T I.D.
Date of birth verified by:   Birth Certificate   Other (Specify)	
. Are you now or have you ever been adjudged to be of unsound mind? No TYes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No IV Yes	2. Are you related to the male applicant closer than second cousin? No 🗹 Yes 🗆
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?  No Yes   Are you now under the influence of a parcotic drug?  No Yes   Yes
Are you now under the influence of a narcotic drug?	4. Are you now under the mindered of a management of a
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	6. (a) Full name of father
3. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden hapre of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (M. deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Olyston W. Triest	7. (a) Full name of applicant's father amus fileseking
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Braunduling -
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant	(b) Full maiden name of applicant's Landa Lankansann 1
mother	mother Smaa General Control
Residence of mother (if deceased, so state)	Hesidence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jimothy D Triest Date 11/27/90	Signature of Applicant Lusuking Date 11/2796
	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana  HENDRICKS  I swear/affirm that the information given  ss: in this application is true and correct
County of HENDRICKS ) ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed & Timothy D Prust	Signed Julie M. Deeseking
New Address 1396 AVON RD. PLANFIELD	Now Address 1396 Avon Rd. Plaintield, TIV 48
Subscribed and sworn to before me this 27 day of NOV 19 90	Subscribed and sworn to before me this 27 day of NoV 1990
Clerk of the HENDRICKS Circuit Court	Community Clerk of the HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of)
SignedFather	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of 19
Clerk	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 authorizes and directs the	Court, by written order issued
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	and.
JULIE M. GIESEKING	
I further certify that the following marriage certificate was filed in my	office:
	10 15 00 CODDEN DADUTCH CHILDCH
I STANDET U. HODDENAM (name) corrier than	t on
1,	PRIEST PUTNAM County
MARION County, Indiana, TIMOTHY D.	
MARION County, Indiana, TIMOTHY D.  IN (state), and JULIE M. GIESEKING	of HENDRICKS County,
MARION County, Indiana, TIMOTHY D.  IN (state), and JULIE M. GIESEKING	
MARION County, Indiana, TIMOTHY D.  IN (state), and JULIE M. GIESEKING	of HENDRICKS County, d under a marriage license that was issued by the Clerk of the Circuit
MARTON County, Indiana, TIMOTHY D.  IN (state), and JULIE M. GIESEKING  IN (state) were married by me as authorized  Court of HENDRICKS County, Indiana, dated	of HENDRICKS County, d under a marriage license that was issued by the Clerk of the Circuit 12-15-90
MARION County, Indiana, TIMOTHY D.  IN (state), and JULIE M. GIESEKING  IN (state) were married by me as authorized  Court of HENDRICKS County, Indiana, dated Signed by: /s/ STANLEY J. HOLDEMAN, MINISTER	of HENDRICKS County,  d under a marriage license that was issued by the Clerk of the Circuit  12-15-90 (official designation)
MARTON County, Indiana, TIMOTHY D.  IN (state), and JULIE M. GIESEKING  IN (state) were married by me as authorized  Court of HENDRICKS County, Indiana, dated	of HENDRICKS County,  d under a marriage license that was issued by the Clerk of the Circuit  12-15-90  (official designation)  12-18-90 (date).
MARION County, Indiana, TIMOTHY D.  IN (state), and JULIE M. GIESEKING  IN (state) were married by me as authorized  Court of HENDRICKS County, Indiana, dated Signed by: /s/ STANLEY J. HOLDEMAN, MINISTER	of HENDRICKS County,  d under a marriage license that was issued by the Clerk of the Circuit  12-15-90 (official designation)

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

No				
File _	11	90	10	01
-10	Date of	28	ation	10

583

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name 4 First Middle Last Loop Men	Name Retthe First Laving Benkowski
Date of Birth & Month Day 19 Year	Date of Birth Menth Day /9 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.B. City County State
4720 E. 450 N. Naxuelle Denk : In.	330 S. 4ch all an Darlor, Me.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death  Divorce  Annulment	Last Marriage Ended By: Death ₺ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate  Other (Specify)	Date of birth verified by:   Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 12 Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No 📙 Yes 🗆
3. Are you now under the influence of an alcoholic beverage? No 🗁 Yes 🗆	3. Are you now under the influence of an alcoholic beverage? No D Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 🗁 Yes 🗆
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's	7. (a) Full name of applicant's Man C
father Slerge Rougen	father Otto Luck furst
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's anna Vandumullen	(b) Full maiden name of applicant's de Aletter
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
Signature of Applicant School Applicant Date How 3 to The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	Signature of Applicant Auth Physican Date 11/28/90  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	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	Control to discontinuo that the information show
State of Indiana County of HENDRICKS ) ss:   swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
Signed Hilbert R. Kodoman	Signed & Ruth & Brikawshi
New Address 4720 E. + 458 nd Danville, and	New Address 47208 450 n - Danuelle Ind
Subscribed and sworn to before me this 28 day of	Subscribed and sworn to before me this 25 day of 1990
Council Transform Clerk of the HENDRICKS Circuit Court	Chance Jaussen Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 11-28-90, authorizing the marriage of	STLBERT RALPH KOOPMAN and
RUTH LOUISE BINKOWSKI	
I further certify that the following marriage certificate was filed in my o	ffice:
I,JANICE S. CHILEWSKI (name), certify that	on12-13-90 (date), atDANVILLE in
	OPMAN of HENDRICKS County,
IN (state), and RUTH LOUISE BINKOW	
	under a marriage license that was issued by the Clerk of the Circuit
TENDRICUS	
count of county, indiana, dated	
Signed by: /s/ JANICE S. CHILEWSKI , CHIEF DEPU	TY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-13-90 (date).
	Signed Tomie Howard Clerk
	Clerk

#### STATE OF INDIANA

### **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

File 11- 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 Seve. Heeger

MALE APPLICANT	FEMALE APPLICANT
Name David Glenn Sexton	Name Deborah Middle newlin
Date of Birth Month OB ST Vee	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State  Stone (vee K.Dr. Charlestown IN)	Residence Address Street or R.R., City County, State
4711	0,
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married V OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate of Other (Specify)   Drivers License	Date of birth verified by: Birth Certificate  Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗘 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 📈 Yes 🗆
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	Are you related to the male applicant closer than second cousin?     No Yes       Are you now under the influence of an alcoholic beverage?
3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No   Yes □	3. Are you now under the influence of an alcoholic beverage?  No ★ Yes □  4. Are you now under the influence of a narcotic drug?  No ★ Yes □
List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Glenn Sexton	7. (a) Full name of applicant's Dwight Newlin
Residence of father (If deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Kentucky	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother the try at McCormick	(b) Full maiden name of applicant's mother to 140 hours
Residence of mother (if deceased, so state) TO	Residence of mother (if deceased, so state) IN
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACCAIGNA EDOMENT	
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Dours G. Sexton Date 11/28/90	Signature of Applicant Seborah D Hewlin Date 11-28-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct
	County of
V signed Dervie G. Septon	Signed Deborah D. Newlin
New Address 125 Hia watha AFT Georgetown Ky Subscribed and sworn to before me this 28th day of Novembers 90 40324	New Address Same
Subscribed and sworn to before me this day of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 28 <sup>th</sup> day of 10 ucm by 90  Clerk of the HENDRICKS Circuit Court
Olican Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes and directs the	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 11-28-90, authorizing the marriage of	DAVID GLENN SEXTON
DEBROAH DAWN NEWLIN	and.
I further certify that the following marriage certificate was filed in my of	
	on 12-1-90 (date), at PLAINFIELD in
HENDRICKS County, Indiana, DAVID GLENN SEXTO	TN HENDRICKS
The state of the s	orcounty,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 12-	1-90
Signed by: /s/ DWIGHT S. BRADFORD PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Clerk
	HENDRICKS

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

File		
	11-28-90	
	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

1/-12-90

Story

Name A First A Middle 1 Last 1 4	FEMALE APPLICANT
	Name James Last Brandenbure
Date of Rirth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana Moto.	Inollance
Residence Address Street or R.R. City Colonielles State Lefas	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
	Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death □ Divorce □ Annulment □	
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗗 Yes 🗆
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No 2 Yes	2. Are you related to the male applicant closer than second cousin? No⁺□ Yes □
3. Are you now under the influence of an alcoholic beverage? No 🗹 Yes 🗆	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes □
4. Are you now under the influence of a narcotic drug? No ☑ Yes □	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's time a father mortine a fambert	7. (a) Full name of applicant's father Calvin C. Brandenburg
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name/of applicant's
mother Deresa d. Bagti.	mother Marley monstan
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
Lacknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Philip R. Zambert Date 11/28/90	Signature of Applicant Ame Date 11-28-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
	State of Indiana ) I swear/affirm that the information given
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed Philip R. Lambert	Signed Vamue L.B.d
New Address 3430 Country Square Or, #1704	New Address 130 Country & D # 1704
New Address 700 County 1990	Subscribed and sworn to before me this 29 day of New 19 90
Subscribed and sworn to before me this 28 day of 1990  Connic Leves Clerk of the HENDRICKS Circuit Court	Connic Saucen Clerk of the HENDRICKS Circuit Court
CIER OF THE STREET	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	1
State of Indiana HENDRICKS ) ee:	State of Indiana HENDRICKS )
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	County of Signed Father
Signed Father Signed Mother	Signed Father Signed Mother
Signed Father	County of Signed Father
Signed Father Signed Mother	Signed Father Signed Mother
Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Signed Father Signed Mother Subscribed and sworn to before me this day of, 19  Clerk  A marriage license having been refused to the above named parties, the
Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	Signed Father Signed Mother Subscribed and sworn to before me this day of, 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued
Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Signed Father Signed Mother Subscribed and sworn to before me this day of, 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued
Signed	Signed Father Signed Mother Subscribed and sworn to before me this day of, 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued
Signed	Signed

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No	677
File _	
	15-28-90 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

Des de l'arc.  Des de	MALE APPLICANT	FEMALE APPLICANT
Date of them Controlled Control (See See See See See See See See See Se		Name Sirist Smiddle Firtle
Financial forms and the property of the proper		Date of Birth Month Day 1996
The second strains distance. Never starters D G Mark S Conclusion C Control of the State of the	Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
The state of the final price of the protect of the country.  And protect of the country of the c	0 0	Residence Address Street or R.R City County - State
Last durwage finish by Pound P Dismos D Annument D  Date of them workship. "Offerin Curricions D Otto (Booth)  As a year control of the pound workship of the pound of the pou	346 The Dine Hampely In-	346 bl. Die Janguela
Share of term writine by "Grim Curricus"   Drive Glacetine   Drive	Previous Marital Status: Never Married OR OR	Previous Marital Status: Never Married OH
Any you make of those you ever been edipologed to be of amound mind?   No.	Last Marriage Ended By: Death Divorce Annulment	
Second Content of Second Con	Date of birth verified by:	Date of birth verified by:   Birth Certificate Other (Specify)
If severe 1 and 1 was a deplication been emrowed?   No.   1 few and 1 was a point or combine where the memory of an exchange (severage)   No.   1 few and 1 was a point or combined with the memory of an exchange (severage)   No.   1 few and 1 fe	1. Are you now or have you ever been adjudged to be of unsound mind? No to Yes a	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗘 Yes 🗆
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Any you would be a millurated or all acclosed control (Park 1975)  Let the full canned a any operated children  (a) Proceeding of the process of the control	2. Are you related to the female applicant closer than second cousin? No p Yes	
Any concounter the illuments of a nacrost study.  Let the half amount of produced children.  (a) Distinguing the time of produced, so study.  Bistinguine of things, filter or forgers, so study.  Bistinguine of things filter or forgers, so study.  Bistinguine of forgers of study of the deceases, so study.  Bistinguine of things filter or forgers of study.  Bistinguine of things filter or forgers of study.  Bistinguine of miles of things filter or forgers of study.  Bistinguine of miles filter of study.  Bistinguine of miles filter or forgers filter.  Bistinguine or for	o. Ale you now under the inhabitor of an alection	S. Ale you now under the minderior of an alesticine services
6 OF Processor of States of Order Control of States of Control of States	Ale you now allow the mindered of a mindered	4. Ale you now under the minderior of a marconic oray.
The Readona of United (Information or Integration Children Readona of United (Information Integration Ch	5. List the full names of any dependent children.	
Residue of a fairner (if Seconded, so state)  Residue of the order (if Seconded, so state)  Residue of a control (fairner order)  Residue of a fairner (if Seconded, so state)  Residue of fairner (if Seconded, so state)  Residue of a fairner (if Seconded, so state)  Residue of fairner (if Seconded, so state)  Residue of state in order (Sea or foreign country)  If a schooledge fairner (if Seconded, so state)  Residue of residue of seconded (if Seconded, so state)  Residue of residue of seconded (if Seconded, so state)  Residue of residue of seconded (if Seconded, so state)  Residue of residue of seconded (if Seconded, so state)  Resid	6. (a) Full-name of father	
Bringhase a labor, filter or trongs country)  (b) Consequent State of the Consequence of	of dependent children	
10) For authors report Chapters Residence of mother if deceased, so state) Biophase or mother (lates or brown country) To library and a position of the or the property country) To library and the control (lates or brown countr		
and dependent Company in Residence of another (Date on Product Country)  7. (In First mane of application) Residence of another (Date on Product Country)  7. (In First mane of application) Residence of another (Date on Product Country)  7. (In First mane) Residence of another (Date on Product Country)  7. (In First mane) Residence of another (Date on Product Country)  7. (In First mane) Residence of another (Date on Product Country)  7. (In First mane) Residence of another (Date on Product Country)  7. (In First mane) Residence of another (Date on Product Country)  8. (In First Mane) Residence of another (Date on Product Country)  8. (In First Mane)  8. (In First Mane)  8. (In First Mane) Residence of another (Date on Product Country)  8. (In First Mane) Residence of another (Date on Product Country)  9. (In Residence of another (Date on Product Country)  1. (In First Mane) Residence of another (Date on Product Country)  1. (In First Mane) Residence of another (Date on Product Country)  1. (In First Mane) Residence of another (Date on Product Country)  1. (In First Mane) Residence of another (Date on Product Country)  1. (In First Mane) Residence of another (Date on Product Country)  1. (In First Mane) Residence of another (Date on Product Country)  1. (In First Mane) Residence of another (Date on Product Country)  1. (In First Mane) Residence of another (Date on Product Country)  1. (In First Mane) Residence of another (Date on Product Country)  1. (In First Mane) Residence of another (Date on Product Country)  1. (In First Mane) Residence of another (Date on Product Country)  1. (In First Mane) Residence of another (Date on Product Country)  1. (In First Mane) Residence of another (Date on Product Country)  1. (In First Mane) Residence of another (Date on Product Country)  1. (In First Mane) Residence of another (Date on Product Country) Residence of another (Date on Pro		
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7. (a) Full name of applicant's belief. Residence of state (if deciseds, so state) Bioripleace of nother (file accessed, so st		
Table 1 Superior of Interior (II deceased, so trains)  Birmplace of Interior (II deceased, so trains)  CACHOWLEDOMENT  I acknowledge that I have received Interior no regional communicable diseases that are as-analy transmitted, and six of the six six of the virus that causes AICS successive that are as-analy transmitted, and six of the six six of the virus that causes AICS successive that are as-analy transmitted, and six of the six six of the virus that causes AICS successive that are as-analy transmitted, and six of the six six of the virus that causes AICS successive that are as-analy transmitted, and six of the virus that causes AICS successive that are as-analy transmitted, and six of the virus that causes AICS successive that are as-analy transmitted, and six of the virus that causes AICS successive that are as-analy transmitted, and the virus that causes AICS successive that are as-analy transmitted, and the virus that causes AICS successive that are as-analy transmitted, and the virus that causes AICS successive that are as-analy transmitted, and the virus that causes AICS successive that are as-analy transmitted, and the virus that causes AICS successive that are as-analy transmitted, and the virus that causes AICS successive that are as-analy transmitted, and the virus that causes AICS successiv		(10 - (1)
Birmplace of tellar (State or foreign country)  (b) Full matter man or application of the process of tellar (State or foreign country)  Residence of mother (State or foreign country)  ACKICIVELEDOMENT  ACKICIVE	father — A A Tailley	father // true off truly
(b) Full madden name of applicant's presented of mother (if state or foreign country)  Residence of mother (if states or foreign country)  Landermodeling their lates receiving information regarding diseases, as states  ACMOWLEDOMENT  Landermodeling their lates receiving information regarding diseases and the states of the fine translates of the state states for the review and accessed in the state of the state states for the review and accessed information appears of moments of decisions by syndromes.  Signature of application and accessed of resignation below.  The above applicant has objected to verifying by oath or affirmation or signature to the above accomendations by syndromes.  Signature of application and accessed of resignation below.  The above applicant has objected to verifying by oath or affirmation or signature to the above accomendations of resignation below.  Date  Landermodeling the state of resignation below.  The above applicant has objected to verifying by oath or affirmation or signature to the above accomendations of resignation below.  Date  Landermodeling the state of resignation below.  Date  Landermodeling the property of the state of resignation below.  Date  Landermodeling the state accessed of resignation below.  Date  Landermodeling the state of resignation communicated seasons and state of resignation below.  Date of the applicant's power of resignation communication seasons and state of resignation below.  Date of the applicant's power of resignation communication seasons and state of resignation below.  Date of the applicant's power of resignation communi	1/./	(h
Residence of mother (if deceased, so state)  Birmplace of mother (if deceased, so state)  Birmplace of mother (if deceased, so state)  Birmplace of mother (issue or foreign country)  Lacknowledge that I have received information regarding dangerous communicable diseases that are security transmitted, and site of the test sites for the virus that causes ADG (sequence immune declicers) syndromies (part of the test sites for the virus that causes ADG (sequence immune declicers) syndromies (part of the test sites for the virus that causes ADG (sequence immune declicers) syndromies (part of the test sites for the virus that causes ADG (sequence immune declicers) syndromies (part of the test sites for the virus that causes ADG (sequence immune declicers) syndromies and sites of the test sites for the virus that causes ADG (sequence immune declicers) syndromies and sites of the test sites for the virus that causes ADG (sequence immune declicers) syndromies and sites of the test sites for the virus that causes ADG (sequence immune declicers) syndromies and sites of the test sites for the virus that causes ADG (sequence immune declicers) syndromies and sites of the test sites for the virus that causes ADG (sequence immune declicers) syndromies and sites of the test sites for the virus that causes ADG (sequence immune declicers) syndromies and sites of the test sites for the virus that causes ADG (sequence immune declicers) syndromies and sites of the test sites for the virus that causes ADG (sequence immune declicers) syndromies and sites of the set sites for the virus that causes ADG (sequence immune declicers) syndromies and sites of the set sites for the virus that causes ADG (sequence immune declicers) syndromies and sites of the set sites for the virus that causes ADG (sequence immune declicers) syndromies and sites of the set sites for the virus that causes ADG (sequence immune declicers) syndromies and sites of the set sites for the virus that causes ADG (sequence immune declicers) syndromies and sites of the set		
Residence of mother (Glase of Inchigance Control)  Birthplace of mother (Glase of Inchigance Control)  ACCOORDEDOMENT  Landercondedgy that I have received information or grants of the section of the control of the co	ATTOMIC MILLIAM	14 to 1 -xus out of the
ACKNOWLEDGMENT  Lacknowledge that I have necessary anamount communicating degrees and communicated diseases that have necessary anamount degree and the lack sets for the first and causes ADIS (ecquired immunicated diseases) and the necessary anamount degree and the lack sets for the first and causes ADIS (ecquired immunicated diseases).  The above applicant has objected to verifying by each of affirmation or signature to the above acknowledgment because of entitions beliefs.  Date  Date  Date  Date  Date  The above applicant has objected to verifying by each of affirmation or signature to the above acknowledgment because of entitions beliefs.  Date  Signed  County of Date  Link of Count  New Actives  Subscription and many topletyne the lack and or affirmation or signature to the above acknowledgment because of entitions to registrate to the above acknowledgment because of entitions to registrate to the above acknowledgment because of entitions to registrate to the above acknowledgment because of entitions to registrate to the above acknowledgment because of entitions to registrate to the above acknowledgment because of entitions to registrate to the above acknowledgment because of entitions to registrate to the above acknowledgment because of entitions to registrate to the above acknowledgment because of entitions to registrate to the above acknowledgment because of entitions to registrate to the above acknowledgment because of entitions to the above acknowledgment because of entiti	1 france	Residence of mother (if deceased, so state)
inaction/dept that I have recorded information operating dangerous communicable diseases in the control of the production of the productio	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
inaction/dept that I have recorded information operating dangerous communicable diseases in the control of the production of the productio	ACKNOWI EDGMENT	ACKNOWLEDGMENT
that are sexually transmitted, and all all of the test site for the virus that causes AIDS (exquired immune deficiency syndrome).  Signature of Applicant   Signature of Applicant   Date   1028-99    Signature of Applicant   Signature of Applicant   Date   1028-99    Signature of Applicant   Signature of Applicant   Date   1028-99    The above applicant has objected to verifying by oath of affirmation or signature to the above accomposing ment to be above accomposing ment to accomposing ment to accomposing ment to be above accomposing ment to accomposing m		I acknowledge that I have received information regarding dangerous communicable diseases
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Date  Dat	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Date  Dat	Signature of Applicant \ Vencile   1 Dan 11 Date 11/28/40	Signature of Applicant Dia ARD Date 11/08/90
Clerk of Court  Date  Clerk of Court  Date  Clerk of Court  Date  Clerk of Court  Date  County of MENDRICKS  Signed  New Address  Subsorpide and sworn to before me this  Signed  Father  Signed  Father  Signed  Father  Signed  Father  Signed  Father  Signed  Father  Signed  County of MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties. The County of MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties. The County of MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties. The County of MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties. The County of MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties. The County of MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties. The County of MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties. The County of MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties. The County by written order issued  The County of MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties. The County by written order issued  The County of MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  If certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS  County, Indiana, RONALD M. BATLEY  And  DELDRA S. PIRTLE  If unther certify that the following marriage certificate was filed in my office:  In (state), and DELDRA S. PIRTLE  Of HENDRICKS  County, Indiana, dated  12–8–90  Signed by: /a/ JOHN IRMIN  PASTOR  (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12–12–90  (idate).		
Subscribed and sworn to before me this   day of   19   Subscribe		acknowledgment because of religious beliefs.
State of Indiana HENDRICKS   ss:   In this application is true and correct.   Signed   County of   Signed   Signed   County of   Signed   County of   Signed   County of   Signed	Clerk of Court Date	Clerk of Court Date
Subscribed and sworn to before me this	State of Indiana State of Indiana I Swear/affirm that the information given	Otato of moralia Protection ( cc.
New Address  Subscribed and sworn to before me this		County of
Subscribed and sworn to before me this	Signed Voncill III. Utility	Signed Warded Seal
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  HENDRICKS  Signed  Father  Signed  Founty  County of  Complete IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties.  RETURN OF MARRIAGE LICENSE and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE and MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of  HENDRICKS  County, Indiana,  TN (state), and DEIDRA S. PIRTLE  In John Lertin (state), and DEIDRA S. PIRTLE  Of HENDRICKS  County, Indiana, dated  12-8-90  Signed by: /s/ John IRWIN  PASTOR  (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on  12-12-90  (date), at PLAINFIELD in HENDRICKS  County, Indiana, dated  12-12-90  (date), at PLAINFIELD in HENDRICKS  County, Indiana, dated  12-8-90  Signed by: /s/ John IRWIN  PASTOR  (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on  12-12-90  (date), (date).	New Address Dame	New Address State of May 10 90
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, thereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother Signed Signed Mother Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County of Authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of DETORA S. PIRTLE  I further certify that the following marriage certificate was filed in my office:  I, JOHN LIWIN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, RONALD M. BATLEY of HENDRICKS County, Indiana, dated 12–8–90  Signed Signed Signed Signed Signed Mother Sig	Subscribed and sworn to before me this day of HENDRICKS Circuit Court	Subscribed and sworn to before the this 2 day of HENDRICKS Circuit Court
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary    State of Indiana   HENDRICKS		
State of Indiana HENDRICKS   Signed   Father Signed   Mother Subscribed and sworm to before me this   day of   19   Subscribed and sworm to before me this   day of   4   Subscribed and sworm to before me this   day of   4   Subscribed and sworm to before me this   day of   4   Subscribed and sworm to before me this   day of   4   Subscribed and sworm to before me this   day of   4   Subscribed and sworm to before me this   day of   4   Subscribed and sworm to before me this   day of   4   Subscribed and sworm to before me this   day of   4   Subscribed an		
Signed Signed Mother Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Courty authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-28-90 authorizing the marriage of RONALD M. BATLEY and DETDRA S. PIRTLE  If further certify that the following marriage certificate was filed in my office:  I, JOHN TRWIN (name), certify that on 12-8-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, RONALD M. BATLEY of HENDRICKS County, Indiana, dated 12-8-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, dated 12-8-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, dated 12-8-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, dated 12-8-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, dated 12-8-90 (date), determined by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-8-90 (date), date), date date in my office date in my office date in my office.	state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Signed Signed Mother Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Courty authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-28-90 authorizing the marriage of RONALD M. BATLEY and DETDRA S. PIRTLE  If further certify that the following marriage certificate was filed in my office:  I, JOHN TRWIN (name), certify that on 12-8-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, RONALD M. BATLEY of HENDRICKS County, Indiana, dated 12-8-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, dated 12-8-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, dated 12-8-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, dated 12-8-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, dated 12-8-90 (date), determined by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-8-90 (date), date), date date in my office date in my office date in my office.		
Signed Si	State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed		이 경계를 하는데 하다면 무슨데 있다면 하는데 하는데 하는데 하는데 하는데 이번 사람이 있다면 하는데 하셨다니까 모든데 되었다.
Subscribed and sworn to before me this		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-28-90, authorizing the marriage of RONALD M. BAILEY and DEIDRA S. PIRTLE  I further certify that the following marriage certificate was filed in my office:  I, JOHN IRWIN (name), certify that on 12-8-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, RONALD M. BAILEY of HENDRICKS County, Indiana, DEIDRA S. PIRTLE of HENDRICKS County, Indiana, County, Indiana, dated 12-8-90  Signed by: /s/ JOHN IRWIN PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-12-90 (date).		
and filed in		Clerk
and filed in	COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, and DEIDRA S. PIRTLE  I further certify that the following marriage certificate was filed in my office:  I, JOHN IRWIN (name), certify that on 12-8-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, RONALD M. BAILEY of HENDRICKS County, Indiana, OBEIDRA S. PIRTLE OF HENDRICKS County, Indiana, OBEIDRA S. PIRTLE OF HENDRICKS County, Indiana, OBEIDRA S. PIRTLE OF HENDRICKS County, Indiana, dated 12-8-90  Signed by: /s/ JOHN IRWIN PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-12-90 (date).	County	Court, by written order issued
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-28-90 , authorizing the marriage of RONALD M. BAILEY and DEIDRA S. PIRTLE  I further certify that the following marriage certificate was filed in my office:  I, JOHN IRWIN (name), certify that on 12-8-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, RONALD M. BAILEY of HENDRICKS County, Indiana, DEIDRA S. PIRTLE of HENDRICKS County, Indiana, deled 12-8-90 (state), and Signed by: /s/ JOHN IRWIN PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-12-90 (date).	and filed in, authorizes and directs the	s issuance of a marriage license to the above named parties.
dated 11-28-90 , authorizing the marriage of RONALD M. BAILEY and DEIDRA S. PIRTLE  I further certify that the following marriage certificate was filed in my office:  I, JOHN IRWIN	RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
dated 11-28-90 , authorizing the marriage of RONALD M. BAILEY and DEIDRA S. PIRTLE  I further certify that the following marriage certificate was filed in my office:  I, JOHN IRWIN	I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
DEIDRA S. PIRTLE  I further certify that the following marriage certificate was filed in my office:  I, JOHN IRWIN		
I further certify that the following marriage certificate was filed in my office:  I,		and.
I,	THE RESIDENCE OF THE PARTY OF T	
HENDRICKS County, Indiana, IN (state), and DEIDRA S. PIRTLE 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 12-8-90 Signed by: /s/ JOHN IRWIN , PASTOR (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 12-12-90 (date).		
IN (state), and DETDRA'S. PIRTLE 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 12-8-90  Signed by: /s/ JOHN IRWIN PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-12-90 (date).	I,	on 12-8-90 (date), at PLAINFIELD in
IN (state), and DETDRA'S. PIRTLE 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 12-8-90  Signed by: /s/ JOHN IRWIN PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-12-90 (date).	HENDRICKS County, Indiana, RONALD M. BAILEY	of HENDRICKS County,
Court of HENDRICKS County, Indiana, dated 12-8-90  Signed by:/s/_ JOHN_IRWIN PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 12-12-90 (date).		
Signed by: _/s/ JOHN IRWIN , PASTOR (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on	IN (state) were married by me as authorized	d under a marriage license that was issued by the Clerk of the Circui
Signed by:/s/_ JOHN_IRWIN,	Court of HENDRICKS County, Indiana, dated 12	2-8-90
Filed and recorded in accordance with the laws of the State of Indiana on 12-12-90 (date).		
Signed Lance Jawan Clerk	r nea and recorded in accordance with the laws of the State of Indiana of	
-		Signed

# **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

Date of Application

587

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 \_

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Sprell Middle Last Miller	Name First Middle Hast
Date of Birth Month Day Year	Date of Birth Month Bay Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City, County State
Previous Marital Status: Never Married  OR	19 3. Rd. 300 E Darielle
	Previous Marital Status: Never Married 🖫 OR
Last Marriage Ended By: Death Divorce S Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate   Other (Specify)   OT. L.C.	Date of birth verified by: Birth Certificate Q Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No TS Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes D
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No X Yes   2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No ✓ Yes □  Yes □	3. Are you now under the influence of an alcoholic beverage?  No   Yes □  4. Are you now under the influence of a narcotic drug?  No   Yes □
5. List the full names of any dependent children. Lanley Millor	Are you now under the influence of a narcotic drug?     No □ Yes □     List the full names of any dependent children.
Dahlay Miller	
6. (a) Full name of father of dependent children	6. (a) Full name of father
Residence of father (if deceased, so state)	of dependent children
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
Residence of mother (if deceased, so state)	of dependent children
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's	7. (a) Full name of applicant's
Residence of father (if deceased, so state)	father Thomas Juny Hang
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's
mother Botty Span Hawke	mother World Henry Down
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Dauell Ray Mila Date 11-29-90	immune deficiency syndrome).
	Signature of Applicant Jana J. Days Date 11-29-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS  State of Indiana HENDRICKS  State of Indiana HENDRICKS  State of Indiana I swear/affirm that the information given in this application is true and correct.	State of Indiana ) I swear/affirm that the information given
1 00 2	County of HENDRICKS ) ss: in this application is true and correct.
Signed Dariell Ray Miller	Signed Janae of Jayes
New Address SAME AS PLOVE	New Address
Subscribed and sworn to before me this 29 day of 1990  HENDRICKS Circuit Court	Subscribed and sworn to before me this 29 day of 1900 1900 Clerk of the HENDRICKS Circuit Court
	Clerk of the HEADRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
Chair of Ludio	
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	a marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the i	Court, by written order issued
RETURN OF MARRIAGE LICENSI	
I certify that there was filed in my office a marriage license issued by the	
dated 11.29.90, authorizing the marriage of	DARRELL RAY MILLER and
_ LANAE A. HAYES	
I further certify that the following marriage certificate was filed in my of	fice:
I, EDWIN J. PHILLIPS (name), certify that of	
HENDRICKS County, Indiana, DARRELL RAY MILLE	
IN(state), andLANAE A. HAYES	of HENDRICKS County,
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 12	
	12-18-90
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed borne farson Clerk

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

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.

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
9 15 66	19 70
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Us 6 Gibbs Rd Danville	10030 D. Morris Shaple. Hendrick (
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate A Other (Specify) Dr. Lic.	
Date of birth verified by:   Birth Certificate A Other (Specify)   Or . Crc -	Date of birth verified by: A Birth Certificate    Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 14. Yes	Are you now or have you ever been adjudged to be of unsound mind? No   ✓ Yes □
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ♥ Yes □	
	100
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father of dependent children	6. (a) Full name of father
	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother
	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Harrie Mark Stope	7. (a) Full name of applicant's Richard Delin Fig.
Residence of father (if deceased, so state) Samuelle III	
	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Melana Clar Hunt	(b) Full maiden name of applicant's She Ellew Willer
Residence of mother (if deceased, so state)	<
	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWI FROMENT
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome). , \(\Lambda\)
Signature of Applicant X Lale Jee Stevenson Date 11-29-90	Signature of Applicant X Suga Floo Date 11-29-90
The shows and least has ablested to self-in-based and the self-in-	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
[2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	
Clerk of Court Date	Clerk of Court Date
State of Indiana   I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
County of HENDRICKS in this application is true and correct.	Y Some Air
Signed Solo Solo Street Street and correct.	signed & Gua Fig
Signed Solo Hundry Jan Pyl.	Signed X Gua Flag  New Address
Signed Solo Subscribed and sworn to before me this 29 day of 19	Signed Subscribed and sworn to before me this 39 day of 1990
Signed Sold Sold Strandon  New Address Sto Kinberty Jan Ptyl.	Signed X Gua Flag  New Address
Signed Solo Subscribed and sworn to before me this 29 day of 19	Signed A June June 1990  New Address Subscribed and sworn to before me this 39 day of 1990  Clerk of the HENDRICKS Circuit Court
Signed Sold Sold Standson  New Address 560 Kindred Jan Page 19  Subscribed and sworn to before me this 29 day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN	Signed Subscribed and sworn to before me this 29 day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN
Signed Solo Solo Standson is true and correct.  Signed Solo Solo Standson  New Address Sto Makerly Jan Plyd.  Subscribed and sworn to before me this 29 day of HENDRICKS Circuit Court	Signed  New Address  Subscribed and sworn to before me this 29 day of HENDRICKS  Clerk of the HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
Signed Sold Sold Start Plant.  New Address Sto Yunterly Jan Plant.  Subscribed and sworn to before me this 22 day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	Signed Subscribed and sworn to before me this 29 day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN
Signed Sold Sold Standson is true and correct.  Signed Sold Sold Sold Sold Sold Sold Sold Sol	Signed Address  New Address  Subscribed and sworn to before me this 29 day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
Signed Sold Standard Page Subscribed and sworn to before me this application is true and correct.  Signed Sold Standard Page Subscribed and sworn to before me this application is true and correct.  Signed Sold Standard Page Subscribed and sworn to before me this application is true and correct.  Signed Sold Standard Page Subscribed and sworn to before me this application is true and correct.  Signed Sold Standard Page Subscribed and sworn to before me this application is true and correct.  Signed Sold Standard Page Subscribed and sworn to before me this application is true and correct.	Signed  New Address  Subscribed and sworn to before me this 29 day of HENDRICKS  Clerk of the HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
Signed Sold Sold Started Sold Started Sold Sold Sold Sold Sold Sold Sold Sol	Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of Signed  New Address  Circuit Court  Court  Consent of the other parent unnecessary  State of Indiana  HENDRICKS  Ss:
Signed Solution is true and correct.  Signed Solution  New Address Sto Hubbly The Park  Subscribed and sworn to before me this 29 day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father	Signed Address  New Address  Subscribed and sworn to before me this Address  Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father
Signed Solution is true and correct.  Signed Solution Structure Structure Signed Solution Structure Struct	Signed Address  Subscribed and sworn to before me this adday of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother
Signed Solution is true and correct.  Signed Solution Structure Public P	Signed Address  New Address  Subscribed and sworn to before me this Address  Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father
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Signed Sold Standard Park Signed Signed Signed Sold State of Indiana HENDRICKS Signed Subscribed and sworn to before me this sold sold signed Signed Signed Signed Signed Subscribed and sworn to before me this sold sold sold signed Si	Signed Address  New Address Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS ) ss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk
Signed Sold Standard Page Subscribed and sworn to before me this Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Signed Adverse Subscribed and sworn to before me this Adverse Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS ) ss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued
Signed Solution is true and correct.  Signed Solution Structure Solution Subscribed and sworn to before me this Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Signed Adverse Subscribed and sworn to before me this Adverse Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS ) ss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued
Signed Solution is true and correct.  Signed Solution Solution Structure and correct.  Signed Solution	Signed Address  Subscribed and sworn to before me this Aday of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the court, by written order issued issuance of a marriage license to the above named parties.
Signed Signed State State State State State of Indiana HENDRICKS Signed Signed Signed State of Indiana HENDRICKS Signed S	Signed Address  Subscribed and sworn to before me this and correct Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed
Signed Signed State State State State State of Indiana HENDRICKS Signed Signed Signed State of Indiana HENDRICKS Signed S	Signed Address  Subscribed and sworn to before me this 29 day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.
Signed Subscribed and sworn to before me this 2 day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Mother  Signed Mother  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED by the Issued By Order Issued by the Issued by the Issued By Order Issued By the Issued By th	Signed
Signed Subscribed and sworn to before me this 20 day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Mother  Signed Mother  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED by the Issued By Order issued By the Issued By the Issued By Order issued By the Issued By Order issued By the Issued By t	Signed
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Signed Signed Solution is true and correct.  Signed Signed Solution Solutio	Signed
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Signed Signed Subscribed and sworn to before me this State of Indiana HENDRICKS Signed Signed Signed South State of Indiana HENDRICKS Signed Signed Signed Signed Mother M	Signed Subscribed and sworn to before me this of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and the court of the county
Signed Signed Subscribed and sworn to before me this State of Indiana HENDRICKS Signed Signed Signed South State of Indiana HENDRICKS Signed Signed Signed Signed Mother M	Signed Aday of 1990  New Address  Subscribed and sworn to before me this 20 day of 1990  Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS ) ss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, LLE LEE STEVENSON and INDIANAPOLIS in HENDRICKS  FINDSON HENDRICKS
Signed Subscribed and sworn to before me this 20 day of 19 do 19 d	Signed
Signed Subscribed and sworn to before me this 2 day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Signed Mother  County of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  I certify that there was filed in my office a marriage license issued by the dated 11–30–90 , authorizing the marriage of DA LISA ANN FIGG  I further certify that the following marriage certificate was filed in my of I, J. E. CHILDRESS (name), certify that MARION County, Indiana, DALE LEE STEV IN ORTHORISM DALE LEE ST	Signed
Signed Subscribed and sworn to before me this 29 day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Father Signed Mother  Signed Mother  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filed in my office a marriage license issued by the dated 11–30–90 , authorizing the marriage of DA LISA ANN FIGG  If further certify that the following marriage certificate was filed in my office in my office and marriage certificate was filed in my office. In marriage cert	Signed
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Signed Solution is true and correct.  Signed Solution Strue and source and correct.  Signed Solution Solution Strue and correct.  New Address Solution Solut	Signed New Address  Subscribed and sworn to before me this 20 day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and the Circuit Court of HENDRICKS County, Indiana, and the Circuit Court of HENDRICKS County, under a marriage license that was issued by the Clerk of the Circuit to County, under a marriage license that was issued by the Clerk of the Circuit to Circuit 15-90
Signed Solution is true and correct.  Signed Solution Strue and source and correct.  Signed Solution Solution Strue and correct.  New Address Solution Solut	Signed Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Signed Mother  Signed Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and the county of HENDRICKS County, under a marriage license that was issued by the Clerk of the Circuit Courty, under a marriage license that was issued by the Clerk of the Circuit
Signed Subscribed and sworn to before me this Signed Signed Signed Signed Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Father Signed Mother Signed Mother Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County authorizes and directs the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. It is a marriage license issued by the dated 11-30-90 , authorizing the marriage of DA LISA ANN FIGG  I further certify that the following marriage certificate was filed in my of I, J. E. CHILDRESS (name), certify that MARION County, Indiana, DALE LEE STEV IN (state), and LISA ANN FIGG  IN (state) were married by me as authorized Court of HENDRICKS County, Indiana, dated 12 Signed by: /s/J. E. CHILDRESS MINISTER	Signed Subscribed and sworn to before me this 29 day of 1970  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and Indiana In
Signed State of Indiana HENDRICKS Signed Signed Signed Signed Signed State of Indiana HENDRICKS Signed Subscribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Signed Subscribed in Marking Signed Subscribed in Marking Signed Subscribed in Marking Signed Subscribed Signed Subscri	Signed Subscribed and sworn to before me this and day of HENDRICKS Circuit Court Consent of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Mother Signed Mother Subscribed and sworn to before me this day of 19 Clerk A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and the LEE STEVENSON and HENDRICKS County, under a marriage license that was issued by the Clerk of the Circuit -15-90 (official designation)
Signed Subscribed and sworn to before me this Ago day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Mother  Signed Mother  County of Mother  County of Mother  County of Agriculture of County authorizes and directs the RETURN OF MARRIAGE LICENS. I certify that there was filed in my office a marriage license issued by the dated 11–30–90 , authorizing the marriage of DA LISA ANN FIGG  I further certify that the following marriage certificate was filed in my of I, J. E. CHILDRESS (name), certify that MARION County, Indiana, DALE LEE STEV (state), and LISA ANN FIGG  IN (state), and LISA ANN FIGG  IN (state) were married by me as authorized Court of HENDRICKS County, Indiana, dated 12  Signed by: /s/ J. E. CHILDRESS MINISTER  Filed and recorded in accordance with the laws of the State of Indiana on	Signed Address  Subscribed and sworn to before me this day of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and the Circuit Court of HENDRICKS County, Indiana, and the Circuit Court of HENDRICKS County, under a marriage license that was issued by the Clerk of the Circuit 15-90  (official designation)  12-26-90 (date).
Signed Subscribed and sworn to before me this Ago day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Mother  Signed Mother  County of Mother  County of Mother  County of Agriculture of County authorizes and directs the RETURN OF MARRIAGE LICENS. I certify that there was filed in my office a marriage license issued by the dated 11–30–90 , authorizing the marriage of DA LISA ANN FIGG  I further certify that the following marriage certificate was filed in my of I, J. E. CHILDRESS (name), certify that MARION County, Indiana, DALE LEE STEV (state), and LISA ANN FIGG  IN (state), and LISA ANN FIGG  IN (state) were married by me as authorized Court of HENDRICKS County, Indiana, dated 12  Signed by: /s/ J. E. CHILDRESS MINISTER  Filed and recorded in accordance with the laws of the State of Indiana on	Signed New Address  Subscribed and sworn to before me this day of New Address  Subscribed and sworn to before me this delay of New Address  Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued issuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and the Clerk of the Circuit Court of HENDRICKS County, Indiana, and MENDRICKS County, under a marriage license that was issued by the Clerk of the Circuit 15-90  (official designation)  12-26-90 (date).

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_\_ County

11-3090 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Charles Leron Sellers	Name John Ann Bernett	
Date of Birth Month Day Year	Date of Birth Month Day Year	
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)	
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State	
1615 Lexington Mrs. Shaple.	6246 St. Rd. 236 North Jalen	
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR	
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □	
Date of birth verified by:   Birth Certificate Cother (Specify)  C.L.C.	Date of birth verified by: D Birth Certificate Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind? No 🕱 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 🔯 Yes 🗆	
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No 🕱 Yes 🗆	
3. Are you now under the influence of an alcoholic beverage? No   ▼ Yes □	3. Are you now under the influence of an alcoholic beverage?	
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No X Yes	
5. List the full names of any dependent children. Angl Many Addaha	5. List the full names of any dependent children.	
6. (a) Full name of tather	6. (a) Full name of father	
of dependent children	of dependent children	
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)	
Birthplace of father (State or foreign country)(b) Full maiden name of mother	Birthplace of father (State or foreign country)	
of dependent children	(b) Full maiden name of mother of dependent children	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
7. (a) Full name of applicant's Entert fee Sollars	7. (a) Full name of applicant's Handen Barnett	
Residence of father (if deceased, so state) and all all all all all all all all all al	Residence of father (if deceased, so state) + A function	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
(b) Full maiden name of applicant's Malvina Musica	(b) Full maiden name of applicant's Phyllin Land Parklant	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
,8		
ACKNOWLEDGMENT	ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
Signature of Applicant ** Charles & Selles Date 11-30-90	Signature of Applicant X Ody and Berrett Date 11-30-90	
Signature of Applicant Date	Signature of Applicant August Will Date 17 30 10	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court Date	Clerk of Court Date	
State of Indiana )   I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given	
State of Indiana County of HENDRICKS  Ss:   I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ) ss: I swear/artiff that the information given in this application is true and correct.	
signed X Charles L Sellus	signed X Jody ann Browett	
New Address 2435. Dray dept.	New Address	
Subscribed and sworn to before me this 30 day of 1990	Subscribed and sworn to before me this 30 day of 1990	
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
The state of the s		
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:	
	County of)	
SignedFather	Signed Father	
Signed Mother  Subscribed and sworn to before me this day of 19	Signed Mother	
Clerk	Subscribed and sworn to before me this day of, 19 Clerk	
COMPLETE IS MADDIAGE LICENSE ISSUED BY ORDER OF COURT		
County	A marriage license having been refused to the above named parties, the Court, by written order issued	
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,	
dated 12-3-90 , authorizing the marriage of		
JODY ANN BENNETT	CHARLES LEROY SELLERS and	
I further certify that the following marriage certificate was filed in my of		
i, (name), certify that	on 12-24-90 (date), at INDIANAPOLIS in	
TN COUNTY, MICHAELE, 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 12-3-90		
Signed by: /s/ WILLIAM PERRY FOUTS , PASTOR	(official designation)	
Filed and recorded in accordance with the laws of the State of Indiana on	1-2-91 (date).	
	Signed tonis gausen Clerk	
AFML/PD1	HENDRICKS Circuit Court	

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No.	182
File	W. C. S. C. B. C.
	11.30.90
	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 10 30 90

Name of Physician Bothy Range

	The state of the s
Jame Steven Middle Last Prate	Name Teresa Middle Last Jones
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City. County State	Residence Address Street or R.R. City, County State
3 mes 3	Previous Marital Status: Never Married   OR
Previous Marital Status: Never Married OR	
ast Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce ☑ Annulment □
Date of birth verified by:   Birth Certificate Other (Specify) Or. Lio:	Date of birth verified by: Birth Certificate St Other (Specify)
. Are you now or have you ever been adjudged to be of unsound mind? No X Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗆
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin? No D Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No   Yes □  Yes □
4. Are you now under the influence of a narcotic drug? No 🗸 Yes 🗆	5. List the full names of any dependent children.  Are you now under the influence of a narcotic drug?  No of the bull names of any dependent children.
5. List the full names of any dependent children.	
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children  Residence of father (if deceased, so state)
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	7 (a) Full name of applicant's \
7. (a) Full name of applicant's Chief Aulan Quate	father thony Calvora House
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Postpadette Boderell	(b) Full maiden name of applicant's Danatrica M. Stoph
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
Lacknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are a second to the second that of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
immune deficiency syndrome). Signature of Applicant Date 11-30-90	Signature of Applicant Arusa ( pnis Date 11-30-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS  Ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.
County of A	1 00
Signed Horn J. Okale	Signed + Irlesa (, Jones
New Address	Subscribed and sworg to before me this 30 day of 100 190
Subscribed and sworn to before me this 30 day of 19 90  Clerk of the HENDRICKS Circuit Court	Subscribed and sword to before the this day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
The same of the sa	
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mothe
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cleri
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in authorizes and directs the	issuance of a marriage license to the above named parties.
and filed in	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENS	HENDRICKS
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana STEVEN ONATE and
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana STEVEN ONATE and
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana STEVEN ONATE and Address of the Circuit Court of Address County and Add
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana and STEVEN ONATE and And STEVEN ONATE AND STEVEN ONA
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana STEVEN ONATE and  office: on 12-1-90 (date), at INDIANAPOLIS in HENDRICKS County
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana STEVEN ONATE and  office: on 12-1-90 (date), at INDIANAPOLIS in HENDRICKS County
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana and STEVEN ONATE and County of HENDRICKS County of HENDRICKS County of HENDRICKS County of HENDRICKS County County of HENDRICKS County County of HENDRICKS County C
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana and STEVEN ONATE and Indiana and I
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana and STEVEN ONATE and Indiana and I
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana and STEVEN ONATE and Office:  of 12-1-90 (date), at INDIANAPOLIS in HENDRICKS County of HENDRICKS County of HENDRICKS County in Under a marriage license that was issued by the Clerk of the Circuit 1-90 (official designation)
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of HENDRICKS County, Indiana STEVEN ONATE and Office:  of 12-1-90 (date), at INDIANAPOLIS in HENDRICKS County of HENDRI

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

12-3-90 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 11-27-98

Name of Physician Report Dated 4D

MALE APPLICANT	FEMALE APPLICANT
Name Rich First Co Middle Lettellast (1)	Name Parlene Middle artena
Date of Birth Month Day Year 5	Date of Birth Month 7 Day 23 Year 50
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or B.B. City County States	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married   OR	Previous Marital Status: Never Married   OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No S Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No Wes   2. Are you never adverted influence of an electric bourses?
3. Are you now under the influence of an alcoholic beverage?  No ✓ Yes ☐  4. Are you now under the influence of a narcotic drug?  No ✓ Yes ☐	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No ✓ Yes □
5. List the full names of any dependent children.	List the full names of any dependent children.
	David M. artera 1/190.
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's 1 0 0 0 1410 0.4	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's
father rechard and Littlefiels	father Paul William Slevey
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's white	(b) Full maiden name of applicant's mother Retrude Mary Macket
Residence of mother (if deceased, so state) Clearland of.	Residence of mother (if deceased, so state) akron, Ship
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) New York
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Kuhang Stuttefuld Date 12-3-90	Signature of Applicant Tauline (). Automote 12-5-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana HENDRICKS ) ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana HENDRICKS ) ss:   swear/affirm that the information given
	County of
Signed Luchard Stittifield to	signed tauline y. Chitero
New Address	New Address
Subscribed and sworn to before me this 3 day of 200 1990  Charle Rausan Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 3rd day of Dec. 1990
	Connie Lawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County or)
Signed Father	Signed Father
Signed Mother Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Cicir of the Circuit Court of
dated 12-3-90 , authorizing the marriage of	RICHARD CARL LITTLEFIELD and
PAULINE ANN ARTENO	
I further certify that the following marriage certificate was filed in my o	ffice:
	on 12-3-90 (date), at DANVILLE in
HENDRICKS County, Indiana, RICHARD CARL LIT	
IN (state), and PAULINE ANN ARTEN	
	under a marriage license that was issued by the Clerk of the Circuit
TIENDROUSE	
Count of County, Indiana, dated	
Signed by:/s/ CYNTHIA J. SPENCE LST DEPUTY	CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-3-90 (date).
	Signed Some James Clerk
AFML/PD 1	HENDRICKS Circuit Court

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File 12.3.90
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.

MALE APPLICANT	FEMALE APPLICANT
Name Passir Middle Karan	Name First Middle Last Criner
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married A OR	Previous Marital Status: Never Married 🔊 OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate by Other (Specify)	Date of birth verified by:   Birth Certificate   Other (Specify)
Date of birth verified by. El Birth Certificate El Citier (Specify)	Date of billing verified by. It billing certificate by Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes
If answer is "yes," has the adjudication been removed?  No  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ⊅ Yes □
4. Are you now under the influence of a narcotic drug? No ♥ Yes □	4. Are you now under the influence of a narcotic drug? No 🖟 Yes 🗆
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	6. (a) Full name of father
6. (a) Full name of father of dependent children	6. (a) Full name of father of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's MOHAMMED KARAM	7. (a) Full name of applicant's and Draw Money
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Bung D
Birthplace of father (State or foreign country) MOROCCO	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother FATIMA MELLOUK	(b) Full maiden name of applicant's Wentrude Lyuise Ledia
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X yassis Karan Date	Signature of Applicant Laure & M. Shin, Date 12-3-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The 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 because of religious beliefs.  Clerk of Court Date
The Party of the Control of the Cont	
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.
Simul Y Handi Kana	Signed Valueral M. Drim
New Address	New Address
Signed Y yourshin Karam  New Address  Subscribed and sworn to before me this 3 day of 1990	Subscribed and sworn to before me this 3 day of Dec. 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state lacts which make the consent of the other parent unifecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ss:
County or	County of
Signed Father	Signed Father
Signed Mother Subscribed and sworn to before me this day of 19	Signed Mother
Clerk	Subscribed and sworn to before me this day of 19 Clerk
COMPLETE IS MARRIAGE LIGHTED BY CORDED OF COURT	
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, authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	YASSIR KARAM and
LUCINDA M. GRINER	생 것 때 경험의 이렇게 되고 내려 가는 사람들이 없었다.
I further certify that the following marriage certificate was filed in my o	
USNEDITORS VACCID VARAM	on
HENDRICKS County, Indiana, YASSIR KARAM	of MARTON County,
IN (state), and LUCINDA M. GRINE	
	under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 1	2-15-90
Signed by: /s/ R. FRED RODKEY , MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-19-90 (date).
	Signed Clerk
AFML/PD1	HENDRICKS Circuit Court

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS \_ County

No.	C84
File .	
	12. to-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. Medical Examination or Report Dated Female

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last.	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day , Year ,
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
80 To gray sob yq. grapp.	585 Mortin 13/4. 1978/4
Previous Marital Status: Never Married CR OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate   Other (Specify)	Date of birth verified by: Birth Certificate    Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 反 Yes □	Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes □
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin? No 💢 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No 反 Yes □
3. Are you now under the influence of an alcoholic beverage? No 💆 Yes 🗆	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No 百 Yes □  5. List the full names of any dependent children.	Are you now under the influence of a narcotic drug?     No ☑ Yes □     List the full names of any dependent children.
List the full flames of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (State or foreign country)
(b) Full maiden name of mother	Birthplace of father (State or foreign country)(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's father father Song W. Martin Sr.	7. (a) Full name of applicant's Latter Back Martin
Residence of father (if deceased, so state) Revivolation	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's leda See Dadd	(b) Full maiden name of applicant's Branda & Barel Wind the
Residence of mother (if deceased, so state) Mossandly ID	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test are for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 14/6/50	immune deficiency syndrome).  Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
State of Indiana County of HENDRICKS  I swear/affirm that the information given this, application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
1 Intelled	County of HENDRICKS ss: in this application is true and correct.
State of Indiana  County of  HENDRICKS  Signed  New Address	County of HENDRICKS; ss: in this application is true and correct.  Signed Line A. Martin
Signed  New Address  Subscribed and sworn to before me this	County of HENDRICKS ss: in this application is true and correct.
Signed Mala Mala Mala Mala Mala Mala Mala Mal	Signed New Address Signed New Address Signed New Address
Signed  New Address  Subscribed and sworn to before me this	Signed Atology A Martine  New Address  Subscribed and sworn to before me this day of the HENDRICKS Circuit Court
Signed  New Address  Subscribed and sworn to before me this day of 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.	Signed A Martin  New Address  Subscribed and sworn to before me this day of her hendricks Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN
Signed  New Address  Subscribed and sworn to before me this	Signed Atology A Martine  New Address  Subscribed and sworn to before me this day of the HENDRICKS Circuit Court
Signed  New Address  Subscribed and sworn to before me this day of	Signed  New Address  Subscribed and sworn to before me this day of the HENDRICKS  Clerk of the HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
Signed  New Address  Subscribed and sworn to before me this day of 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.	Signed  New Address  Subscribed and sworn to before me this day of Clerk of the HENDRICKS  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
Signed  New Address  Subscribed and sworn to before me this	Signed  New Address  Subscribed and sworn to before me this day of Clerk of the HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  SS: in this application is true and correct.  Martin  Circuit Court  Court  Consent of the HENDRICKS  State of Indiana HENDRICKS  SS: in this application is true and correct.
Signed  New Address  Subscribed and sworn to before me this	Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS
Signed  New Address  Subscribed and sworn to before me this day of 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 HENDRICKS ) ss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19	Signed
Signed  New Address  Subscribed and sworn to before me this day of 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 HENDRICKS   Ss:  Signed Father Signed Mother	Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  Clerk of the HENDRICKS  County of HENDRICKS  County of HENDRICKS  Circuit Court  Consent of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother
Signed  New Address  Subscribed and sworn to before me this day of	Signed
Signed  New Address  Subscribed and sworn to before me this day of	County of HENDRICKS   SS: in this application is true and correct.  Signed
Signed  New Address  Subscribed and sworn to before me this	Signed
Signed  New Address  Subscribed and sworn to before me this	Signed
Signed  New Address  Subscribed and sworn to before me this	Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed
Signed  New Address  Subscribed and sworn to before me this	Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed
Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county authorizes and directs the incidence of the county authorizes and directs authorized	Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed
Signed  New Address  Subscribed and sworn to before me this  Clerk of the  HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  HENDRICKS  Ss:  Signed	Signed Subscribed and sworn to before me this day of Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the suance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and MARTIN JR. and
Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county and filed in authorizes and directs the interpretation of the other parent unnecessary.  RETURN OF MARRIAGE LICENSI ISSUED BY ORDER OF COURT. A county authorizes and directs the interpretation of the other parent unnecessary.  I certify that there was filed in my office a marriage license issued by the dated 12-6-90 , authorizing the marriage of LAF STACY L. MARTIN  I further certify that the following marriage certificate was filed in my office and the state of the interpretation of the county authorizing the marriage of LAF STACY L. MARTIN	Signed
Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Mother  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of Mother  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County and filled in authorizes and directs the dated 12-6-90, authorizing the marriage of LAB STACY L. MARTIN  If further certify that the following marriage certificate was filed in my of I, CARL AKARD RILEY (name), certify that	Signed Address  Subscribed and sworn to before me this day of Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  County of Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued ssuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and the control of the circuit Court of HENDRICKS County, Indiana, and the control of the circuit Court of HENDRICKS County, Indiana, and the control of the circuit Court of HENDRICKS County, Indiana, and the control of the circuit Court of HENDRICKS County, Indiana, and the control of the circuit Court of HENDRICKS County, Indiana, and the control of the circuit Court of HENDRICKS County, Indiana, and the control of the circuit Court of HENDRICKS County, Indiana, and the control of the circuit Court of HENDRICKS County, Indiana, and the control of the circuit Court of HENDRICKS County, Indiana, and the control of the circuit Court of HENDRICKS County, Indiana, and the control of the circuit Court of HENDRICKS County, Indiana, and the control of the circuit Court of HENDRICKS County, Indiana, and the control of the circuit Court of HENDRICKS County, Indiana, and the control of the circuit Court of HENDRICKS County, Indiana, and the control of the circuit Court of HENDRICKS County, Indiana, and the control of the circuit Court of the circuit Court of HENDRICKS County, Indiana, and the control of the circuit Court of th
Signed  New Address  Subscribed and sworn to before me this	Signed Subscribed and sworn to before me this day of Subscribed and sworn to before me this delay of Subscribed and sworn to before me this delay of Subscribed and sworn to before me this delay of Subscribed and sworn to before me this delay of Subscribed and sworn to before me this delay of Subscribed and sworn to before me this delay of Subscribed and sworn to before me this delay of Subscribed and sworn to before me this day of S
Signed Signed Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Signed Mother  Signed Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County authorizes and directs the indianal directs the dated 12-6-90 , authorizing the marriage of LAF STACY L. MARTIN  I further certify that the following marriage certificate was filed in my of I, CARL AKARD RILEY (name), certify that HENDRICKS County, Indiana, LARRY W. MARTIN IN (state), and STACY L. MARTIN	Signed Subscribed and sworn to before me this Clerk of the HENDRICKS County of HENDRICKS County, Indiana, and the consent of the above named parties.  EAND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and the consent of the above named parties.  EAND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and the consent of the above named parties.  County of HENDRICKS County, Indiana, and the consent of the above named parties.  EAND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and the consent of the county, and the county, indiana, and the consent of the county, and the county and the
Signed Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county and filed in authorizes and directs the dated 12-6-90 , authorizing the marriage of LAF STACY L. MARTIN  If urther certify that the following marriage certificate was filed in my of I, CARL AKARD RILEY (name), certify that HENDRICKS County, Indiana, LARRY W. MARTIN JIN (state), and STACY L. MARTIN  IN (state) were married by me as authorized	Signed Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued ssuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and fice:  on 12-8-90 (date), at PLAINFIELD in HENDRICKS County, HENDRICKS County, under a marriage license that was issued by the Clerk of the Circuit to Circuit, wunder a marriage license that was issued by the Clerk of the Circuit.
Signed New Address  Subscribed and sworn to before me this	County of HENDRICKS   Signed   Signed   Live   Live
Signed  New Address  Subscribed and sworn to before me this day of telephone the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county and filled in authorizes and directs the dated 12-6-90, authorizing the marriage of LAE STACY L. MARTIN  If urther certify that the following marriage certificate was filed in my of I, CARL AKARD RILEY (name), certify that HENDRICKS County, Indiana, LARRY W. MARTIN IN (state), and STACY L. MARTIN IN (state) were married by me as authorized	Signed Subscribed and sworn to before me this day of Signed Signed Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued ssuance of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana, and fice:  on 12-8-90 (date), at PLAINFIELD in HENDRICKS County, under a marriage license that was issued by the Clerk of the Circuit and the Circuit county, under a marriage license that was issued by the Clerk of the Circuit
Signed  New Address  Subscribed and sworn to before me this	County of HENDRICKS   Sale   In this application is true and correct.    Signed
Signed New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Father Signed Mother  Signed Signed Mother  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A and filled in authorizes and directs the interpretation of the other parent unnecessary  COUNTY and filled in authorizes and directs the interpretation of the other parent unnecessary  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A authorizes and directs the interpretation of the other parent unnecessary  COUNTY authorizes and directs the interpretation of the other parent unnecessary  COUNTY authorizes and directs the interpretation of the other parent unnecessary  COUNTY AUTHORIZES AND AUTHORIZES AN	County of HENDRICKS   Sas: In this application is true and correct.  Signed   Gold   G
Signed New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana HENDRICKS Signed Father Signed Mother  Signed Signed Father Signed Mother  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A and filled in authorizes and directs the interpretation of the other parent unnecessary authorizes and directs the interpretation of the other parent unnecessary of the state of the interpretation of the other parent unnecessary	County of HENDRICKS   Signed

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female

Medical Examination or Report Dated 12-7-96

Name of Physician David B Hoggard HB

HENDRICKS

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name A Pirst / lo Middle / Cast / I	Name Of First D Mode That
Date of Birth Month & Day a Year / 4	Date of Birth Month Day Year 6/
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
hipayelle, In.	Residence Address Street or R.R. City County State
Residence Address Estreet of R.R. Sitt County State Lengueld In	23 Butter Dr. Plurgeeld
Previous Marital Status: Never Married □ OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce Annulment □	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate Other (Specify) Operation Reco	Date of birth verified by:   Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes □
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Ves	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.  **Livard Chancil School 31
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)	(b) Full maiden name of mother
(b) Full maiden name of mother of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of appropriate their Chancie Genell	7. (a) Full name of applican's heet N. Martin
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's marie Ledman	(b) Full maiden name of applicant's mother Sherley a. Carter
Residence of mother (if deceased, so state) Lafayette, Ja.	Residence of mother (if deceased, so state) Plupfeeld
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWI EDGMENT	ACKNOWLEDGMENT
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Land Date 12/7-90	Signature of Applicant Leborah J. Martin Date 12-7-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana  County of HENDRICKS  ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS in this application is true and correct.	Signed Deborah J. Martin
Signed for the signed	
New Address Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	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 authorizes and directs the	Court, by written order issued
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 12.7-90 , authorizing the marriage of	RALPH EDWARD JEWELL and
DEBORAH LEE MARTIN	
The factor process from the same of the contract of the same of th	
I further certify that the following marriage certificate was filed in my	
I, CYNTHIA J. SPENCE (name), certify tha	
HENDRICKS County, Indiana, RALPH EDWARD J	TN HENDDICKS
IN (state), and DEBORAH LEE MART	orcounty,
	d under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 1	2-7-90
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(date).
	Signed Clerk

Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

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2 200	Date of	Applicati	on

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

Medical Examination or Report Dated Name of Physician bound

MALE APPLICANT	
Name First Middle Last	Name C First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	<u> </u>
State State of N. H. Only State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married 🕦 OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate ROther (Specify)   C. Lic.	Date of birth verified by: □ Birth Certificate □ Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No X Yes	Are you now or have you ever been adjudged to be of unsound mind? No  Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No 文 Yes □	2. Are you related to the male applicant closer than second cousin? No 💢 Yes 🛭
3. Are you now under the influence of an alcoholic beverage? No № Yes □	3. Are you now under the influence of an alcoholic beverage? No X Yes C
4. Are you now under the influence of a narcotic drug? No 💢 Yes 🗆	4. Are you now under the influence of a narcotic drug? No Yes [
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's
father Robert William Harrey of	father Daniel D. Meader
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's	Birthplace of father (State or foreign country)
mother Tables Our Draw	(b) Full maiden name of applicant's Debyer 7. Tooker
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable disease
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant Asiant Harvey Date 2/7/90	Signature of Applicant & Shurry & Meadow Date 12-7-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date 21790	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information gives in this application is true and correct.
signed & Brion & Narvey	signed Sherry & meadon
New Address	New Address // /2-7 50
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
	County of) ss.
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this day of 19	Signed Mothe
Clerk	Subscribed and sworn to before me this day of, 19 Cleri
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
County	Court, by written order issued
and filed in authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I 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 ofB	
SHERRY L. MEADOR	RIAN K. HARVEY and
THE RESIDENCE OF THE PARTY OF T	· 一种 "你不 你们是不知道,我们就是一个一个
I further certify that the following marriage certificate was filed in my of	
I, JAMES A. JONES (name), certify that	MADION
IN (state) and SHERRY L. MEADOR	of MARTON County
(State), and	of HENDRICKS County
12.0	under a marriage license that was issued by the Clerk of the Circui-
Court of County, Indiana, dated	· · · · · · · · · · · · · · · · · · ·
Signed by: /s/ JAMES A. JONES , MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-11-90 (date).
AFML/PD 1	HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS \_ County

No.	68	/	A Photos
File	10		
	Ale.	7	1990
	Date of A	pplica	ation

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 \_\_\_\_\_ Manua

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month, Day Year	Date of Birth Month Day Year
Feb. 7 1965	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Incerned D.
Residence Address Street or R.R City County State Went - Sp.	Residence Address Street or R.R. City County State Graphs In-
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death □ Divorce □ Annulment □	Last Marriage Ended By: Death □ Divorce □ Annulment □
Au Di	Burni Vi
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🖭 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No TYes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes □	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No 🗇 Yes 🗆	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
	6 (a) Full page of father
6. (a) Full name of father of dependent children	6. (a) Full name of father  of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's arren fel Hoba	7. (a) Full name of applicant's charles fee stalcufe
Residence of father (if deceased, so state) Magnillea An. Pefs	A. In. Residence of father (if deceased, so state) Blumpfeld in
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's o mae Hann
mother Menulya sur Stage Bell	mother Tosland Mal Hays
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Navid w Goda Date 12-7-90	X Signature of Applicant Karen m. Stalcup Date 12-7-90
	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.
signed Navid w book	signed Karen m. Stalcup
	New Address 5950 apache Wells \$ 424, Indianapol
New Address Same Subscribed and sworn to before me this	Subscribed and sworn to before me this 7th day of Alec- 1990 462
Correl Kawsen Clerk of the HENDRICKS Circuit Court	Connie Falusan Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
	County of
SignedFather	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County authorizes and directs the	
and filed in authorizes and directs the	
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated $12-7-96$ , authorizing the marriage of	DAVID W. GODA and
KAREN M. STALCUP	
I further certify that the following marriage certificate was filed in my	office:
I, KEVIN R. KOTTKE (name), certify that	12_29_90 PLAINFIELD
HENDRICKS County, Indiana, DAVID W. GOI	DA
	ofCounty,
IN (state), and KAREN M. STALCUP	
	d under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 1	2-29-90
Signed by: /s/ KEVIN R. KOTTKE , PASTOR	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana of	(uate).
	Signed Some James Clerk
	HENDRICKS Circuit Court
AFMI /PD I	Circuit Court

AFML/PD 1

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

No.	688
File	
	12-10-90 Date of Application
De la	Date of Application

597

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name Edward First Eughte Hungler	Name Smah First handle Shirt
Date of Birth 71 Month & Day 193 Year	Date of Birth Month Day 10119ear
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.B. City// County / State	Residence Address, Street or R.R. A. Sity, Sounty State
344 € 2005, Banevell, Hendricks, In	RRS, Gof 167, Coalisbuil, Falkain, In
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married □ OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐  If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes □     If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Ves	2. Are you related to the male applicant closer than second cousin? No 🖹 Yes D
3. Are you now under the influence of an alcoholic beverage? No D Yes	3. Are you now under the influence of an alcoholic beverage? No 🗵 Yes D
4. Are you now under the influence of a narcotic drug? No Ves	4. Are you now under the influence of a narcotic drug? No D Yes I
5. List the full names of any dependent children.	5. List the full names of any dependent children. Savacha Sygnin
5. (a) Full name of father of dependent children	(a) Full name of father     of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
7. (a) Full name of applicant's Educated Adapted Lynch	7. (a) Full name of applicant's /1////   7. (b) Full name of applicant's /1////   7. (c) Full name of applicant's /1////   7. (d) Full name of applicant's /1////   7. (e) Full name of applicant's /1///   7. (e) Full name of applicant's /1//   7. (e) Full name of applic
father Edward Harrie Hugge	father
Residence of father (State or foreign country)	Residence of father (if deceased, so state)
Birthplace of father (State of foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's Narry Pauline Meller mother	(b) Full maiden name of applicant's lunnu pelyelle kapuler
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Signature of Applicant Lawrence Cr. Fugget Date 12-10-90  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	YSignature of Applicant Saval Asoles Date 12-70  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	Signature of Applicant   Saval   Soles   Date   12-10-10
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	Signature of Applicant   Saval   Soles   Date   12-10-10
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date  State of Indiana County of HENDRICKS Signed Lacal Loles  New Address 344 E - 2005 Rd  Subscribed and sworn to before me this Loles  Clerk of the HENDRICKS 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
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
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The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
The above applicant has objected to verifying by oath or affirmation or signature to the above ocknowledgment because of religious beliefs.  Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
The above applicant has objected to verifying by oath or affirmation or signature to the above ocknowledgment because of religious beliefs.  Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant hecknowledgment because of religious beliefs.    Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
Clerk of Court Date	Signature of Applicant   Sacral   Social   Date   12 - 10
Consent of Parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary    Signed	The above applicant Sacral Soles Date 2-10  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
the above applicant has objected to verifying by oath or affirmation or signature to the above ecknowledgment because of religious beliefs.  Date	The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
the above applicant has objected to verifying by oath or affirmation or signature to the above ecknowledgment because of religious beliefs.  Date	The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
the above applicant has objected to verifying by oath or affirmation or signature to the above ocknowledgment because of religious beliefs.  Date	The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
the above applicant has objected to verifying by oath or affirmation or signature to the above ocknowledgment because of religious beliefs.  Date	The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above named parties, the clerk of the Circuit Court of HENDRICKS  Signed Say HE - 200 S Rd  Subscribed and sworn to before me this 10 day of 19 Method of the consent of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Signed Signed Motte Subscribed and sworn to before me this 40 day of 40 Method of the distribution of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Motte Subscribed and sworn to before me this 40 day of 40 Method of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Motte Subscribed and sworn to before me this 40 day of 40 Method of the other parent unnecessary  State of Indiana HENDRICKS  Signed Signed Motte Subscribed and sworn to before me this 40 day of 40 Method of the other parent unnecessary  A marriage license having been refused to the above named parties, the Court, by written order issued as subscribed and sworn to before me this 40 Method of
The above applicant has objected to verifying by oath or affirmation or signature to the above ocknowledgment because of religious beliefs.  Date	The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above named parties.  Clerk of Court Date  State of Indiana County of HENDRICKS Signed Say Elevation is true and correct.  Signed Say Elevator
The above applicant has objected to verifying by oath or affirmation or signature to the above ocknowledgment because of religious beliefs.  Date	The above applicant As objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date Date State of Indiana County of HENDRICKS Signed Address 344 E - 200 S Rd Subscribed and sworn to before me this County of HENDRICKS Circuit County of HENDRICKS Signed Signed Moth Subscribed and sworn to before me this day of HENDRICKS Circuit County of HENDRICKS Signed Signed Moth Subscribed and sworn to before me this HENDRICKS County of HENDRICKS County of HENDRICKS Signed Moth Subscribed and sworn to before me this HENDRICKS County of Long of the Circuit Court of HENDRICKS County of Long of the Circuit Court of HENDRICKS County of Long of the Circuit Court of HENDRICKS County of Long of the Circuit Court of HENDRICKS County of Long of the Circuit Court of HENDRICKS County of Long of the Circuit Court of Lo
The above applicant has objected to verifying by oath or affirmation or signature to the above ocknowledgment because of religious beliefs.  Date	The above applicant Account Account Accounts Acc
The above applicant has objected to verifying by oath or affirmation or signature to the above ocknowledgment because of religious beliefs.  Date	Ysignature of Applicant   Sacal   Soles   Date   2-10-10-10-10-10-10-10-10-10-10-10-10-10-
The above applicant has objected to verifying by oath or affirmation or signature to the above toknowledgment because of religious beliefs.  Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date Date State of Indiana County of HENDRICKS Signed Lacal Lacal Lacal Subscribed and sworn to before me this Lacel Gay of Lerk of the HENDRICKS Circuit County of Local Indiana County of Lerk of the Signed Lacal Lacel Subscribed and sworn to before me this Lacel Gay of Lerk of the HENDRICKS Circuit County of Lerk of the HENDRICKS Circuit County of Lerk of the Signed Signed Signed Signed Lacel Gay of Lerk of the Lerk of the Signed Signed Lerk of the Lerk of
The above applicant has objected to verifying by oath or affirmation or signature to the above toknowledgment because of religious beliefs.  Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date Date State of Indiana County of HENDRICKS Signed Lacal Lacal Lacal Subscribed and sworn to before me this Lacel Gay of Lerk of the HENDRICKS Circuit County of Local Indiana County of Lerk of the Signed Lacal Lacel Subscribed and sworn to before me this Lacel Gay of Lerk of the HENDRICKS Circuit County of Lerk of the HENDRICKS Circuit County of Lerk of the Signed Signed Signed Signed Lacel Gay of Lerk of the Lerk of the Signed Signed Lerk of the Lerk of
The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.  Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date State of Indiana County of HENDRICKS Signed Lacal
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date  State of Indiana County of HENDRICKS Signed Say HE - 200 S Rd  Youbscribpd and sworn to before me this LQ day of LBC 1920  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  Signed Signed Moth  Signed Signed Moth  Subscribed and sworn to before me this day of LBC 1920  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 HENDRICKS 3ss:  Signed Signed Moth  Subscribed and sworn to before me this day of 19.  Clerk of the above named parties.  SEAND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indian Edward Eugene Huggler and County of Putnam
The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.  Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3 (Revised-1989)

AFML/PD 1

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS \_ County

No	689
File _	
12	2-10-90
	Date of Application

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Charleson

MALE APPLICANT	FEMALE APPLICANT
Name Mark andrew McCullough	Name First Middle Last Sedamo
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
914 ard sley Indple, marion Ind	1594 n Rd 600 E Danville, Hendricko, M
Previous Marital Status: Never Married 💆 OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by:   Birth Certificate  Other (Specify)	Date of birth verified by:   Birth Certificate Other (Specify) Drivers Jac
	1. Are you now or have you ever been adjudged to be of unsound mind? No.★ Yes □
1. Are you now or have you ever been adjudged to be of unsound mind? No 24 Yes	
If answer is "yes," has the adjudication been removed?  No □ Yes □  No ★ Yes □	If answer is "yes," has the adjudication been removed?  No □ Yes □  2. Are you related to the male applicant closer than second cousin?  No ☒ Yes □
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No.  ✓ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ☒ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother
of dependent children	of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
(a) Full name of applicant's John Loren McCullough	7. (a) Full name of applicant's father Harold Dean Sedam
Residence of father (if deceased, so state) <u>Ingliana</u>	Residence of father (if deceased, so state) Andiana
Birthplace of father (State or foreign country) Andiana	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's	(b) Full maiden name of applicant's Mario Sodam
mother Manay Sugant Hilleriach	mother Star Milliana Maliana
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
Birthplace of mother (State of Toleign Country)	Bittiplace of mother (State of foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Mark a. William Date Disc 10, 1990	Signature of Applicant Symm M Sobom Date Doc. 10
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana HENDRICKS ) ss:   swear/affirm that the information given
State of Indiana County of HENDRICKS  Ss: I swear/affirm that the information given in this application is true and correct.	County of
X Signed Man a. M-halbugh	y signed Symm M. Sadam
New Address	New Address
Subscribed and sworn to before me this 10 day of Acc 19 40	Subscribed and sworn to before me this day of
Clerk of the HENDRICKS Circuit Court	(CONNIC Sauvoax) Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
Signed Father	4 <b>(3)</b>
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Subscribed and sworn to before me this day of 19 Clerk
· 中心是是是1965。 所以在1965年中,1966年1966年1966年1966年1966年1966年1966年1966	The same of the sa
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the
and filed in authorizes and directs the	issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 12-10-90 , authorizing the marriage of	MARK ANDREW MCCULLOUGH and
	and the state of t
LYNN MTCHELLE SEDAM	
I further certify that the following marriage certificate was filed in my o	
, DANTEL L. FRENCH (name), certify that	
MARTON County, Indiana, MARK A. MCC	ULLOUGH of MARION County,
IN (state), and LYNN M. SEDAM	of HENDRICKS County,
(state) were married by me as authorized	d under a marriage license that was issued by the Clerk of the Circuit
	15-90
Count of County, Indiana, dated	
Signed by: /s/ DANTEL L. FRENCH MINISTER	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana or	n (date).
Filed and recorded in accordance with the laws of the State of Indiana or	n (date).
Filed and recorded in accordance with the laws of the State of Indiana or	n (date).

#### STATE OF INDIANA

## **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

\_ County

File 12-10-90
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 12-5-90

Name of Physician 1-4 Himelstein

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Jeffrey A.K. Richenous	Name Lenise May Schopper
Date of Birth Month Day Year Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. / City County State /
Previous Marital Status: Never Married S OR	Previous Marital Status: Never Married DOR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate   Other (Specify)   Orivers Lie	Date of birth verified by:   Birth Certificate Cother (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No W Yes	Are you now or have you ever been adjudged to be of unsound mind? No D Yes D
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	Are you related to the male applicant closer than second cousin?     No Yes C     Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ☑ Yes □	4. Are you now under the influence of a narcotic drug? No 🗷 Yes 🖸
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of father	6. (a) Full name of father
of dependent childrenResidence of father (if deceased, so state)	of dependent children  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
7. (a) Full name of applicant's	Birthplace of mother (State or foreign country)  7. (a) Full name of applicant's A - A - A - A - A - A - A - A - A - A
Residence of father (If deceased, so state) Indiana	father Khilip Joseph Schopper
Birthplace of father (State or foreign country) Andiana	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Sandra Sue Ridenour	(b) Full maiden name of applicant's nother with the Schopper
Residence of mother (if deceased, so state) <u>Ingliana</u>	Residence of mother (if deceased, so state) Andiana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding 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  ACKNOWLEDGMENT  Date 12/10/90	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 (acquired immune deficiency syndrome).  Signature of Applicant  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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
State of Indiana	State of Indiana ) I swear/affirm that the information gives
County of HENDRICKS ) ss: in this application is true and correct.	County of HENDRICKS ) ss: in this application is true and correct.  X Signed Ashiel MSchagger
New Address	New Address
Subscribed and sworn to before me this 10 day of 1990 Connic Jauxox Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 20 day of Ale 19 90 Conne Sawson Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana HENDRICKS ) ss:	State of Indiana HENDRICKS ) ss:
Signed Father Signed Mother	Signed Fathe
Subscribed and sworn to before me this day of, 19	Signed Mother  Subscribed and sworn to before me this day of, 19
Clerk	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorizes and directs the	
	E AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County Indiana
I certify that there was filed in my office a marriage license issued by the	다 보고 "C. M. H. H. L. C. LE LE CE CE THE COLUMN LAW SECTOR SET IN SECTION AND AND AND AND AND AND AND AND AND A
dated	JEFFREY A. K. RIDENOUR and
I further certify that the following marriage certificate was filed in my o  I,ANDREW P. CROWLEY (name), certify that	ffice: on (date), atSPEEDWAY in
MARION County, Indiana, JEFFREY A. K. RIDE IN DENISE MAY SCHOPPER	NOUR of MARION County
	under a marriage license that was issued by the Clerk of the Circu.
Court of HENDRICKS County, Indiana, dated 1	
Signed by: _/s/ ANDREW P. CROWLEY , SENIOR	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Mrie Javan Clerk
	CIO.

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No.	691
File	
	12-11-90
	Date of Application

HENDRICKS

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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

Paymond Rece MD

MALE APPLICANT	FEMALE APPLICANT
ame First Middle 7 Last	Name Oran Dine Cherewatti
ate of Birth Month Day Year 12	Date of Birth Month 8 Day 24 Year 44
lace of Birth (State or preign country)	Place of Birth (State or foreign country)
Caro, Na.	Residence Address Street of R.R. City County State
esidence Address Sylvet or R.R. City County State	639 Liberty Madaus fea, Planquell,
revious Marital Status: Never Married  OR	Previous Marital Status: Nevel Married  OR
V	Last Marriage Ended By: Death □ Divorce Annulment □
P.	Date of birth verified by:   Birth Certificate Other (Specify)
Date of birth verified by: Birth Certificate bother (Specify)	
Are you now or have you ever been adjudged to be of unsound mind? No V Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No. Yes
If answer is "yes," has the adjudication been removed? No ☐ / Yes ☐	If answer is yes, has the adjudication been removed.
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second country
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of all alcoholic belongs.
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a flatcode drug.
List the full names of any dependent children.	5. List the full names of any dependent children.  ———————————————————————————————————
Jonemy Havell 17 yr : Touten Havell 16 yrs.	6. (a) Full name of father
. (a) Full name of father of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother	(b) Full maiden name of mother of dependent children
of dependent children	Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	7. (a) Full name of applicant's / Change of the control of the con
(a) Full name of applicants father frain James Harrell	father father father father father
Residence of father (if deceased, so state) Tractionalle on.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's ' MC Worald	(b) Full maiden name of applicant's and ach
mother mother (if docessed so state) martinsaelle n.	Residence of mother (if deceased, so state) Sun City West, AZ
Hesidence of mother (ii deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	immune deficiency syndronie).
Signature of Applicant from Harril Date 12-11-90	Signature of Applicant fram D. Cherewatti: Date 12/11/90
	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) see I swear/affirm that the information given	State of Indiana County of HENDRICKS ) ss:   swear/affirm that the information given in this application is true and correct.
County of HENDRICKS	County of
Signed from Harrell	Signed Goan D. Cherewatti
Now Addon 1039 Library Meadown	New Address
Subscribed and sworn to before me this 4 day of Dec 19 90	Subscribed and sworn to before me this 11 day of Dec 19 98
Cornie Linen Clerk of the HENDRICKS Circuit Court	Connie Lawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	The state of the s
State of Indiana County of HENDRICKS ss:	State of Indiana HENDRICKS ) ss:
	Signed Father
SignedFather	Signed Mother
Signed Mother	Signed day of 19
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of To 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, authorizes and directs the	
	SE AND MARRIAGE CERTIFICATE  HENDRICKS  County Indiana.
I certify that there was filed in my office a marriage license issued by th	e Clerk of the Circuit Court of HENDRICKS County, Indiana,
1211 91	
JOAN DIANE CHEREWATTI	
I further certify that the following marriage certificate was filed in my	office:
I. RONALD E. McDUGLE (name), certify tha	at on 12-15-90 (date), at DANVILLE in
HENDRICKS County, Indiana, JIM HARRELI	of County,
IN (state), and JOAN DIANE CHERI	EWATTI of HENDRICKS County,
(btate), and	
(state) were married by me as allthorize	d under a marriage license that was issued by the Clerk of the Circuit
	ed under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 1	2-15-90
HENDRICKS	2-15-90
Court of HENDRICKS County, Indiana, dated 1 Signed by: /s/ RONALD E. McDUGLE , MINIST	2-15-90  ER (official designation)
Court of HENDRICKS County, Indiana, dated 1	2-15-90  ER (official designation)