

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. 387

File _____

Date of Application 7-12-90

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 6-21-90
Name of Physician Norman N. Liebschutz, M.D.

| MALE APPLICANT | FEMALE APPLICANT |
|---|---|
| <p>Name <u>Jeffrey Alan Berkey</u></p> <p>Date of Birth <u>October 03, 1963</u></p> <p>Place of Birth (State or foreign country) <u>Hendricks Co., Indiana</u></p> <p>Residence Address <u>500 Poplar St., Pittsburg, Ia 46167</u></p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Divorce License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>No</u></p> <p>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) _____</p> <p>7. (a) Full name of applicant's father <u>Donald Lloyd Berkey</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>same</u> (b) Full maiden name of applicant's mother <u>Jedick Ann Briggs</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>same</u></p> | <p>Name <u>Lisa Marie Durham</u></p> <p>Date of Birth <u>December 10, 1963</u></p> <p>Place of Birth (State or foreign country) <u>Marion Co., Indiana</u></p> <p>Residence Address <u>5130 N. 750E, Granger, Ia 46112</u></p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Divorce License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>No</u></p> <p>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) _____</p> <p>7. (a) Full name of applicant's father <u>Jack Edward Durham</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Ohio</u> (b) Full maiden name of applicant's mother <u>Mary Catherine Lewis</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>same</u></p> |
| ACKNOWLEDGMENT | ACKNOWLEDGMENT |
| <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Jeffrey A. Berkey</u> Date <u>7-12-90</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>Jeffrey A. Berkey</u></p> <p>New Address <u>443 Eagle Road, Ellettsburg, Ia.</u></p> <p>Subscribed and sworn to before me this <u>12</u> day of <u>July</u>, 19<u>90</u></p> <p><u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> | <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Lisa M. Durham</u> Date <u>7/12/90</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>Lisa M. Durham</u></p> <p>New Address <u>443 Eagle Road Dr., Indianapolis</u></p> <p>Subscribed and sworn to before me this <u>12</u> day of <u>July</u>, 19<u>90</u></p> <p><u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN | CONSENT OF PARENTS, PARENT, OR GUARDIAN |
| <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: _____</p> <p>Signed _____ Father</p> <p>Signed _____ Mother</p> <p>Subscribed and sworn to before me this _____ day of _____, 19____</p> <p>_____ Clerk</p> | <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: _____</p> <p>Signed _____ Father</p> <p>Signed _____ Mother</p> <p>Subscribed and sworn to before me this _____ day of _____, 19____</p> <p>_____ Clerk</p> |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-12-90, authorizing the marriage of JEFFREY ALAN BERKEY and LISA MARIE DURHAM.

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

I, CARL R. PROKOP, JR. (name), certify that on 7-21-90 (date), at BETHESDA BAPTIST CHURCH, HENDRICKS County, Indiana, JEFFREY ALAN BERKEY of HENDRICKS County, IN (state), and LISA MARIE DURHAM of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-21-90.

Signed by: /s/ CARL R. PROKOP, JR., ASSOCIATE PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 7-23-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 388

File _____

Date of Application 7-12-90

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 7-10-90Name of Physician Brownburg Medical

MALE APPLICANT

Name Neal Levan Kuhn
Date of Birth 10 25 58
Place of Birth (State or foreign country) Indiana
Residence Address 401 E. 306th St. Burns IN
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

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 Neal Levan Kuhn Sr.
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Patricia Ann Isley
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Barbara Jean Fuller
Date of Birth 8 22 67
Place of Birth (State or foreign country) Indiana
Residence Address 111 E. 56th St. Brownburg IN
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None

6. (a) Full name of father of dependent children _____
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 Raymond C. Fuller
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Dean Ann Archambault
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Vermont

ACKNOWLEDGMENT

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

Signature of Applicant Neal Kuhn Date 7-12-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Neal Kuhn
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____
Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Barbara J. Fuller Date 7-12-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Barbara J. Fuller
New Address P.O. Box 306 Burns IN

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

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

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

Signed by: _____ (official designation)

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

Signed _____ Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 389
File _____
Date of Application 7-12-90

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 7/5/90
Name of Physician Janet E. Wannon

| MALE APPLICANT | | FEMALE APPLICANT | |
|---|--|--|--|
| Name <u>First Tony Middle Eugene Last Carroll</u> | | Name <u>First Nola Middle Matilda Last Johnson</u> | |
| Date of Birth <u>August 15, 1961</u> | | Date of Birth <u>December 31, 1990</u> | |
| Place of Birth (State or foreign country) <u>Mason Co. Indpls. Indiana</u> | | Place of Birth (State or foreign country) <u>Mason Co. Indpls. Indiana</u> | |
| Residence Address <u>603 W. Main St. Muncie, IN 46168</u> | | Residence Address <u>603 W. Main St. Muncie, IN 46168</u> | |
| Previous Marital Status: <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> OR | | Previous Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> OR | |
| Last Marriage Ended By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | Last Marriage Ended By: <input type="checkbox"/> Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Driver's License</u> | | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Driver's License</u> | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 5. List the full names of any dependent children. <u>No</u> | | 5. List the full names of any dependent children. <u>No</u> | |
| 6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | | (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 <u>Frederick Eugene Carroll</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> | | 7. (a) Full name of applicant's father <u>Thomas Allen Johnson</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> | |
| (b) Full maiden name of applicant's mother <u>Shirley Janet Clark</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u> | | (b) Full maiden name of applicant's mother <u>Rebecca Sue King</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u> | |
| ACKNOWLEDGMENT I acknowledge that I have received information regarding 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 <u>Tony Carroll</u> Date <u>7-12-90</u> | | ACKNOWLEDGMENT I acknowledge that I have received information regarding 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 <u>Nola M. Johnson</u> Date <u>12 July 90</u> | |
| The 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. County of _____) Signed <u>Tony Carroll</u> New Address <u>SAME</u> Subscribed and sworn to before me this _____ day of _____, 19____ Clerk of the <u>HENDRICKS</u> Circuit Court | | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. County of _____) Signed <u>Nola M. Johnson</u> New Address <u>SAME</u> Subscribed and sworn to before me this _____ day of _____, 19____ Clerk of the <u>HENDRICKS</u> Circuit Court | |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) ss: County of _____) Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ Clerk _____ | | CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) ss: County of _____) Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ Clerk _____ | |
| COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties. | | | |
| RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE | | | |
| I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>7-12-90</u> , authorizing the marriage of <u>TONY EUGENE CARROLL</u> and <u>NOLA MATILDA JOHNSON</u> . | | | |
| I further certify that the following marriage certificate was filed in my office: I, <u>ROBERT E. JONES</u> (name), certify that on <u>7-21-90</u> (date), at <u>MT. MERIDIAN</u> in <u>PUTNAM</u> County, Indiana, <u>TONY EUGENE CARROLL</u> of <u>HENDRICKS</u> County, <u>IN</u> (state), and <u>NOLA MATILDA JOHNSON</u> of <u>HENDRICKS</u> County, <u>IN</u> (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>7-26-90</u> . Signed by: <u>/s/ ROBERT E. JONES</u> PASTOR (official designation) Filed and recorded in accordance with the laws of the State of Indiana on <u>7-26-90</u> (date). | | | |
| Signed <u>Connie Lawson</u> Clerk <u>HENDRICKS</u> Circuit Court | | | |

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

390

File

7-13-90
Date of Application

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

Female

Medical Examination or Report Dated

Name of Physician Wm. Ragan

MALE APPLICANT

Name Matthew First J. Middle Hession Last
Date of Birth 8 Month 12 Day 60 Year
Place of Birth (State or foreign country) IN
Residence Address 12 Science Dr. Blmng Street or R.R. Blmng City IN County IN State
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

- (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) _____
- (a) Full name of applicant's father Daniel B. Hession
Residence of father (if deceased, so state) Blmng Ind
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Anna C. Wiley
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name Debra First L. Middle Macabee Last
Date of Birth 8 Month 15 Day 63 Year
Place of Birth (State or foreign country) IN
Residence Address 12 Science Dr. Blmng Street or R.R. Blmng City IN County IN State
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Frederick M. Macabee
Residence of father (if deceased, so state) Blmng Ind
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Janet D. Byard
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant Debra L. Macabee Date 7-13-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given
County of _____) in this application is true and correct.

Signed Debra L. Macabee

New Address _____

Subscribed and sworn to before me this 13 day of July, 1990
Connie Spurgeon Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Matthew J. Hession Date 7-13-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given
County of _____) in this application is true and correct.

Signed Matthew J. Hession

New Address _____

Subscribed and sworn to before me this 13 day of July, 1990
Connie Spurgeon Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-13-90, authorizing the marriage of MATTHEW J. HESSION and DEBRA L. MACABEE.

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

I, DANIEL B. DONOHOO (name), certify that on 8-3-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, MATTHEW J. HESSION of HENDRICKS County, 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 8-3-90.

Signed by: /s/ DANIEL B. DONOHOO CATHOLIC PRIEST (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-6-90 (date).

Signed Connie Spurgeon 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

No. 391
File _____
Date of Application 7-13-90

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 7-12-90
Name of Physician N. N. Prochardoff, M.D.

| MALE APPLICANT | FEMALE APPLICANT |
|--|---|
| Name <u>Charles William Cook</u> | Name <u>Virginia Susan Roy</u> |
| Date of Birth <u>Month 4 Day 1 Year 43</u> | Date of Birth <u>Month 10 Day 24 Year 51</u> |
| Place of Birth (State or foreign country) <u>South Bend, In.</u> | Place of Birth (State or foreign country) <u>Indianapolis In.</u> |
| Residence Address <u>422 N. Birkitt Mishawaka, In.</u> | Residence Address <u>43 Hyde Park Brownsburg, In.</u> |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's Lic.</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's Lic.</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. _____ | 5. List the full names of any dependent children. <u>Kevin Roy 16 yrs.</u> <u>Rylee Roy 15 yrs.</u> |
| 6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | (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 <u>J. H. Cook</u> Residence of father (if deceased, so state) <u>South Bend, In.</u> Birthplace of father (State or foreign country) <u>Indiana</u> | 7. (a) Full name of applicant's father <u>William H. McNewary</u> Residence of father (if deceased, so state) <u>Brownsville, In.</u> Birthplace of father (State or foreign country) <u>Indiana</u> |
| (b) Full maiden name of applicant's mother <u>Erene Luespert</u> Residence of mother (if deceased, so state) <u>South Bend, In.</u> Birthplace of mother (State or foreign country) <u>Indiana</u> | (b) Full maiden name of applicant's mother <u>Beth Ann Hayes</u> Residence of mother (if deceased, so state) <u>Brownsville, In.</u> Birthplace of mother (State or foreign country) <u>Indiana</u> |
| 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 <u>Charles Cook</u> Date <u>7-13-90</u> | I acknowledge that I have received information regarding 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 <u>Virginia S. Roy</u> Date <u>7-13-90</u> |
| The 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Charles Cook</u> New Address <u>43 Hyde Park Brownsburg IN</u> Subscribed and sworn to before me this <u>13th</u> day of <u>July</u> , 19 <u>90</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Virginia S. Roy</u> New Address <u>Savage</u> Subscribed and sworn to before me this <u>13th</u> day of <u>July</u> , 19 <u>90</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk | We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) ss: Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-13-90, authorizing the marriage of CHARLES WILLIAM COOK and VIRGINIA SUSAN ROY.

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

I, JAMES D. JONES (name), certify that on 7-28-90 (date), at SOUTH BEND in ST. JOSEPH County, Indiana, CHARLES WILLIAM COOK of ST. JOSEPH County, IN (state), and VIRGINIA SUSAN ROY of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-13-90

Signed by: /s/ JAMES D. JONES SENIOR PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-1-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 392

File

7-16-90
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 James Smith

MALE APPLICANT

Name David First J. Middle Osmialowski Last
Date of Birth 10 Month 2 Day 1966 Year
Place of Birth (State or foreign country) Michigan
Residence Address 7700 W. 450 E Danville Street or R.R. City Danville County State
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father Ronald John Osmialowski
Residence of father (if deceased, so state) Danville, IN
Birthplace of father (State or foreign country) Michigan
- (b) Full maiden name of applicant's mother Felisha Mary Bessolo
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) Michigan

FEMALE APPLICANT

Name Beth First A. Middle Malosky Last
Date of Birth 9 Month 10 Day 1967 Year
Place of Birth (State or foreign country) IN
Residence Address 608 Ironwood Dr. Plaid, IN Street or R.R. City Plaid County State IN
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children. Brittany

- (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)
- (a) Full name of applicant's father Steven J. Malosky
Residence of father (if deceased, so state) PA, IN
Birthplace of father (State or foreign country) PA
- (b) Full maiden name of applicant's mother Phyllis Ann Bartkus
Residence of mother (if deceased, so state) North Carolina
Birthplace of mother (State or foreign country) PA

ACKNOWLEDGMENT

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

Signature of Applicant X David Osmialowski 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed X David Osmialowski

New Address _____

Subscribed and sworn to before me this 7 day of July, 1990
Loisie Gannon Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Beth Malosky 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Beth Malosky

New Address _____

Subscribed and sworn to before me this 16 day of July, 1990
Loisie Gannon Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-16-90, authorizing the marriage of DAVID J. OSMIALOWSKI and BETH A. MALOSKY.

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

I, STEPHEN J. MALOSKY (name), certify that on 8-25-90 (date), at DANVILLE in HENDRICKS County, Indiana, DAVID J. OSMIALOWSKI of HENDRICKS County, IN (state), and BETH A. MALOSKY of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-25-90.

Signed by: /s/ STEPHEN J. MALOSKY, EPISCOPAL PRIEST (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-28-90 (date).

Signed Loisie Gannon 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

No. 393
File _____
Date of Application 7-16-90

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 J. Danie

| MALE APPLICANT | | FEMALE APPLICANT | |
|---|--|--|--|
| Name | First <u>Eugene</u> Middle <u>L.</u> Last <u>Prescott</u> | Name | First <u>Rachelle</u> Middle <u>L.</u> Last <u>McClain</u> |
| Date of Birth | Month <u>11</u> Day <u>15</u> Year <u>54</u> | Date of Birth | Month <u>6</u> Day <u>8</u> Year <u>65</u> |
| Place of Birth (State or foreign country) | <u>IN</u> | Place of Birth (State or foreign country) | <u>IL</u> |
| Residence Address | Street or R.R. <u>5112 Ridgeway Dr</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>IN</u> | Residence Address | Street or R.R. <u>5725 Hickory Way</u> City <u>Indianapolis</u> County <u>Marion</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. file</u> | Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. file</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> | If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | | 5. List the full names of any dependent children. | <u>Michael Roney</u> |
| 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 father | <u>Eugene L. Prescott Sr</u> | 7. (a) Full name of applicant's father | <u>Ronald Leroy McClain</u> |
| Residence of father (if deceased, so state) | <u>Indianapolis IN</u> | Residence of father (if deceased, so state) | <u>Indianapolis IN</u> |
| Birthplace of father (State or foreign country) | <u>IN</u> | Birthplace of father (State or foreign country) | <u>IN</u> |
| (b) Full maiden name of applicant's mother | <u>Frances Louise Scott</u> | (b) Full maiden name of applicant's mother | <u>Kerna Mae Schutt</u> |
| Residence of mother (if deceased, so state) | <u>IN</u> | Residence of mother (if deceased, so state) | <u>Indianapolis IN</u> |
| Birthplace of mother (State or foreign country) | <u>IN</u> | Birthplace of mother (State or foreign country) | <u>IN</u> |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Eugene L. Prescott 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.
Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS)
Signed x Eugene L. Prescott
New Address _____
Subscribed and sworn to before me this 16 day of July, 1990
Ronnie Spawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give 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 HENDRICKS)
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Rachelle L. McClain 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.
Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS)
Signed x Rachelle L. McClain
New Address _____
Subscribed and sworn to before me this 16 day of July, 1990
Ronnie Spawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give 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 HENDRICKS)
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-16-90, authorizing the marriage of EUGENE L. PRESCOTT and RACHELLE L. McCLAIN.

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

I, JAMES D. SPENCER (name), certify that on 7-20-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, EUGENE L. PRESCOTT of HENDRICKS County, IN (state), and RACHELLE L. McCLAIN 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 7-20-90.

Signed by: /s/ JAMES D. SPENCER, PLAINFIELD TOWN COURT (official designation)
JUDGE

Filed and recorded in accordance with the laws of the State of Indiana on 7-24-90 (date).

Signed Ronnie Spawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 394

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

Mark Stine

MALE APPLICANT

Name First Middle Last
Martin R. Phillips
Date of Birth Month Day Year
4 5 69
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. City County State
9230 E 400 N Bburg IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

- 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: Alan Robert Phillips
Residence of father (if deceased, so state): Bburg Ind.
Birthplace of father (State or foreign country): IN
 - Full maiden name of applicant's mother: Karen Lee James
Residence of mother (if deceased, so state): Same
Birthplace of mother (State or foreign country): IN

FEMALE APPLICANT

Name First Middle Last
Wendy R. Lucas
Date of Birth Month Day Year
10 11 70
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. City County State
8 Maple Lane Apt. 5 Bburg IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List 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: Jorden Keith James
Residence of father (if deceased, so state): Bburg Ind.
Birthplace of father (State or foreign country): IN
 - Full maiden name of applicant's mother: Jorden Kay Gregory
Residence of mother (if deceased, so state): Same
Birthplace of mother (State or foreign country): IN

ACKNOWLEDGMENT

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

Signature of Applicant: Martin R. Phillips Date

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.

Signed: Martin R. Phillips

New Address

Subscribed and sworn to before me this 17 day of July 19 90
Bonnie 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, 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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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: Wendy Lucas Date

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.

Signed: Wendy Lucas

New Address

Subscribed and sworn to before me this 17 day of July 19 90
Bonnie 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, 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 MARTIN R. PHILLIPS and

WENDY K. LUCAS

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

I, DAVID L. JOHNSON (name), certify that on 8-25-90 (date), at CLERMONT in MARION County, Indiana, MARTIN R. PHILLIPS of HENDRICKS County, IN (state), and WENDY K. LUCAS of MARION County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-25-90

Signed by: /s/ DAVID L. JOHNSON MINISTER (official designation)

8-28-90

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

Signed: Bonnie James Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 395
File _____
Date of Application 7-17-90

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 D. Johnson M.D.

| MALE APPLICANT | |
|---|--|
| Name | First <u>Robert</u> Middle <u>Arnold</u> Last <u>Couch</u> |
| Date of Birth | Month <u>Nov</u> Day <u>11</u> Year <u>1968</u> |
| Place of Birth (State or foreign country) | <u>Ind.</u> |
| Residence Address | Street or R.R. <u>Rt. 1 Box 409-3</u> City <u>Waynes</u> State <u>Ind.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>Melvin Couch</u> |
| Residence of father (if deceased, so state) | <u>Carterville, Ind.</u> |
| Birthplace of father (State or foreign country) | <u>Ind.</u> |
| (b) Full maiden name of applicant's mother | <u>Willie Melton</u> |
| Residence of mother (if deceased, so state) | <u>same</u> |
| Birthplace of mother (State or foreign country) | <u>Ind.</u> |

| FEMALE APPLICANT | |
|--|--|
| Name | First <u>Deborah</u> Middle <u>Sue</u> Last <u>Johnson</u> |
| Date of Birth | Month <u>9</u> Day <u>30</u> Year <u>71</u> |
| Place of Birth (State or foreign country) | <u>Ind.</u> |
| Residence Address | Street or R.R. <u>Rt. 1 Box 252 B</u> City <u>Waynes</u> State <u>Ind.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>Harry Gene Johnson</u> |
| Residence of father (if deceased, so state) | <u>Waynes Ind.</u> |
| Birthplace of father (State or foreign country) | <u>Ind.</u> |
| (b) Full maiden name of applicant's mother | <u>Spencer Ann McLeod</u> |
| Residence of mother (if deceased, so state) | <u>same</u> |
| Birthplace of mother (State or foreign country) | <u>Ind.</u> |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding 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 | <u>X Robert Couch</u> Date _____ |
| The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | HENDRICKS) |
| Signed | <u>X Robert Couch</u> |
| New Address | <u>Same as Above</u> |
| Subscribed and sworn to before me this | <u>18</u> day of <u>7</u> , 19 <u>90</u> |
| | <u>Connie Dawson</u> Clerk of the HENDRICKS Circuit Court |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>Deborah Johnson</u> Date _____ |
| The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | HENDRICKS) |
| Signed | <u>Deborah Johnson</u> |
| New Address | <u>18</u> |
| Subscribed and sworn to before me this | <u>18</u> day of <u>7</u> , 19 <u>90</u> |
| | <u>Connie Dawson</u> Clerk of the HENDRICKS Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|----------------------------|
| We, the parents of this applicant, hereby give 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 | HENDRICKS) |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this | _____ day of _____, 19____ |
| | _____ Clerk |

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-18-90, authorizing the marriage of ROBERT A. COUCH 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 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 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).

Signed Connie Dawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 396

File

Date of Application 7-17-90

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 6-25-90Name of Physician J. Cohen, M.D.

MALE APPLICANT

Name Charles Joseph Leopold
Date of Birth 7 Month 18 Day 53 Year
Place of Birth (State or foreign country) Augusta, Ga.
Residence Address 1603 Powell Rd. Street or R.R. Augusta, Ga. City Augusta, Ga. County Augusta, Ga. State
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

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

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 William Harman Leopold
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Ga.
(b) Full maiden name of applicant's mother Eva Mary Rickerson
Residence of mother (if deceased, so state) Augusta, Ga.
Birthplace of mother (State or foreign country) Ga.

FEMALE APPLICANT

Name Ramona Sue Fredrick
Date of Birth 12 Month 5 Day 57 Year
Place of Birth (State or foreign country) Beech Grove, In.
Residence Address Rt 1 Box 291A Street or R.R. Clayton, In. City Clayton, In. County 46118 State
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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 father Cecil Fredrick
Residence of father (if deceased, so state) Clayton, In.
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of applicant's mother Roberta Fredrick (Krauth) HAIDEN NAME
Residence of mother (if deceased, so state) Clayton, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Charles J. Leopold Date 7-17-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS)
County of _____) ss: I swear/affirm that the information given in this application is true and correct.Signed Charles J. LeopoldNew Address Rt. 1 Box 291A Clayton, In.Subscribed and sworn to before me this 17th day of July, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS)
County of _____) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Ramona S. Fredrick Date 7/17/90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS)
County of _____) ss: I swear/affirm that the information given in this application is true and correct.Signed Ramona S. Fredrick

New Address _____

Subscribed and sworn to before me this 17th day of July, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS)
County of _____) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 office:

I, H. THOMAS PITCHER (name), certify that on 8-18-90 (date), at AVON in HENDRICKS County, Indiana, CHARLES JOSEPH LEOPARD of RICHMOND County, IN (state), and RAOMONA SUE FREDRICK of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-17-90.

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 Connie Lawson ClerkHENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 397

File _____

HENDRICKS County

Date of Application _____

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

Female
Medical Examination or Report Dated _____
Name of Physician _____

| MALE APPLICANT | | FEMALE APPLICANT | |
|---|--|--|--|
| Name | First <u>James</u> Middle <u>H.</u> Last <u>Hummel, II</u> | Name | First <u>Renée</u> Middle <u>A.</u> Last <u>Smith</u> |
| Date of Birth | Month <u>8</u> Day <u>7</u> Year <u>1965</u> | Date of Birth | Month <u>3</u> Day <u>9</u> Year <u>1968</u> |
| Place of Birth (State or foreign country) | <u>Indiana</u> | Place of Birth (State or foreign country) | <u>Iowa</u> |
| Residence Address | Street or R.R. <u>645 Simmons</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>Ind.</u> | Residence Address | Street or R.R. <u>645 Simmons</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>Ind.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR _____ | Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR _____ |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>University</u> | Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>University</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> | If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 father | <u>James A. Hummel</u> | 7. (a) Full name of applicant's father | <u>Raymond Smith</u> |
| Residence of father (if deceased, so state) | <u>Deceased</u> | Residence of father (if deceased, so state) | <u>Iowa</u> |
| Birthplace of father (State or foreign country) | <u>Indiana</u> | Birthplace of father (State or foreign country) | <u>Iowa</u> |
| (b) Full maiden name of applicant's mother | <u>Juliana Marie Egan</u> | (b) Full maiden name of applicant's mother | <u>Chere Brown</u> |
| Residence of mother (if deceased, so state) | <u>Indiana</u> | Residence of mother (if deceased, so state) | <u>Indiana</u> |
| Birthplace of mother (State or foreign country) | <u>Indiana</u> | Birthplace of mother (State or foreign country) | <u>Iowa</u> |

| 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 | <u>James A. Hummel, II</u> Date <u>7/18/90</u> | Signature of Applicant | <u>Renée Smith</u> Date <u>7-18-90</u> |
| 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 | <u>Connie Lawson</u> Date <u>7/18/90</u> | Clerk of Court | <u>Connie Lawson</u> Date <u>7/18/90</u> |
| State of Indiana | <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | State of Indiana | <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | <u>HENDRICKS</u>) | County of | <u>HENDRICKS</u>) |
| Signed | <u>James A. Hummel, II</u> | Signed | <u>Renée Smith</u> |
| New Address | _____ | New Address | <u>645 Simmons Plainfield, IN</u> |
| Subscribed and sworn to before me this | <u>18th</u> day of <u>July</u> , 19 <u>90</u> | Subscribed and sworn to before me this | <u>18th</u> day of <u>July</u> , 19 <u>90</u> |
| | <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, 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 | <u>HENDRICKS</u>) ss: _____ | State of Indiana | <u>HENDRICKS</u>) ss: _____ |
| County of | <u>HENDRICKS</u>) | County of | <u>HENDRICKS</u>) |
| 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 LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-18-90, authorizing the marriage of JAMES A. HUMMEL, II and RENEE A. SMITH.

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

I, RICHARD ZORE (name), certify that on 7-28-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, JAMES A. HUMMEL, II of HENDRICKS County, IN (state), and RENEE A. SMITH of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-18-90.

Signed by: /s/ RICHARD ZORE ROMAN CATHOLIC PRIEST (Official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-7-90 (date).

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 398

File

7-18-90
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 6-28-90
Name of Physician Joseph Thompson M.D.

MALE APPLICANT

Name John Luther Hayden Jr.
Date of Birth 12 Month 16 Day 63 Year
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 713 Easton St. Brownsburg, In.
Previous Marital Status: Never Married ☐ OR ☒

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you 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. Laticha Hayden 4 yrs.
Heather Hayden 2 yrs.
- (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) _____
- (a) Full name of applicant's father John Luther Hayden
Residence of father (if deceased, so state) Brownsburg, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Joyce Mae Woody
Residence of mother (if deceased, so state) Brownsburg, In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Shawn Marie Dill
Date of Birth 12 Month 22 Day 66 Year
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 8714 Legion Lane Indpls, In 46231
Previous Marital Status: Never Married ☒ OR ☐

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father James Virgil Dill Jr.
Residence of father (if deceased, so state) Indpls, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Beilie Jean Yettman
Residence of mother (if deceased, so state) Indpls, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant John L. Hayden Jr. Date 7-18-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed John L. Hayden Jr.

New Address Same

Subscribed and sworn to before me this 18th day of July, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Shawn M. Dill Date 7/18/90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Shawn M. Dill

New Address 713 Easton Brownsburg

Subscribed and sworn to before me this 18 day of July, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-18-90, authorizing the marriage of JOHN LUTHER HAYDEN, JR. and SHAWN MARIE DILL.

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

I, MICHAEL D. KEELE (name), certify that on 7-28-90 (date), at INDPLS in MARION County, Indiana, JOHN LUTHER HAYDEN, JR. of HENDRICKS County, IN (state), and SHAWN MARIE DILL of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-28-90.

Signed by: /s/ MICHAEL D. KEELE JUDGE-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 Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 399
File 7-18-90
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 4-25-90
Name of Physician David M. Frank D.O.

| MALE APPLICANT | |
|---|--|
| Name | First <u>Russell</u> Middle <u>James</u> Last <u>Brock</u> |
| Date of Birth | Month <u>2</u> Day <u>12</u> Year <u>70</u> |
| Place of Birth (State or foreign country) | <u>Greencastle, In.</u> |
| Residence Address | Street or R.R. <u>R.R. 1 Box 202A</u> City <u>Greencastle</u> County <u>Greene</u> State <u>In.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>Nathaniel Brock 1 yr.</u> |
| 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 | <u>Ed Ray Brock</u> |
| Residence of father (if deceased, so state) | <u>Greencastle, In.</u> |
| Birthplace of father (State or foreign country) | <u>Indiana</u> |
| (b) Full maiden name of applicant's mother | <u>Maileene Russell</u> |
| Residence of mother (if deceased, so state) | <u>Greencastle, In.</u> |
| Birthplace of mother (State or foreign country) | <u>Indiana</u> |

| FEMALE APPLICANT | |
|--|--|
| Name | First <u>Celia</u> Middle <u>Marie</u> Last <u>Smith</u> |
| Date of Birth | Month <u>7</u> Day <u>31</u> Year <u>70</u> |
| Place of Birth (State or foreign country) | <u>St. Paul, In.</u> |
| Residence Address | Street or R.R. <u>R.R. 1 Box 202A</u> City <u>Greencastle</u> County <u>Greene</u> State <u>In.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>Nathaniel Brock 1 yr.</u> |
| 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 | <u>James Wayne Smith</u> |
| Residence of father (if deceased, so state) | <u>Indianapolis, In.</u> |
| Birthplace of father (State or foreign country) | <u>Indiana</u> |
| (b) Full maiden name of applicant's mother | <u>Kinda Marie McKinney</u> |
| Residence of mother (if deceased, so state) | <u>Plainfield, In.</u> |
| Birthplace of mother (State or foreign country) | <u>Indiana</u> |

| ACKNOWLEDGMENT | |
|--|---------------------------------|
| I acknowledge that I have received information regarding 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 | <u>Russell Brock</u> Date _____ |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court | _____ Date _____ |

| ACKNOWLEDGMENT | |
|--|----------------------------------|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>Celia M. Smith</u> Date _____ |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court | _____ Date _____ |

| | |
|--|---|
| State of Indiana | <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | _____) |
| Signed | <u>Russell Brock</u> |
| New Address | <u>same</u> |
| Subscribed and sworn to before me this | <u>18th</u> day of <u>July</u> , 19 <u>90</u> |
| | <u>Connie Dawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court |

| | |
|--|---|
| State of Indiana | <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | _____) |
| Signed | <u>Celia M. Smith</u> |
| New Address | <u>same</u> |
| Subscribed and sworn to before me this | <u>18th</u> day of <u>July</u> , 19 <u>90</u> |
| | <u>Connie Dawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court |

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

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

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

| RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE | |
|---|--------------------------------|
| I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>7-20-90</u> , authorizing the marriage of <u>RUSSELL J. BROCK</u> and <u>CELIA M. SMITH</u> . | |
| I further certify that the following marriage certificate was filed in my office: | |
| I, <u>CHARLES R. BLAISDELL</u> (name), certify that on <u>7-21-90</u> (date), at <u>STILESVILLE</u> in <u>HENDRICKS</u> County, Indiana, <u>RUSSELL J. BROCK</u> of <u>HENDRICKS</u> County, <u>IN</u> (state), and <u>CELIA M. SMITH</u> of <u>HENDRICKS</u> County, <u>IN</u> (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>7-22-90</u> . | |
| Signed by: <u>/s/ CHARLES R. BLAISDELL</u> MINISTER (official designation) | |
| Filed and recorded in accordance with the laws of the State of Indiana on <u>7-30-90</u> (date). | |
| Signed | <u>Connie Dawson</u> Clerk |
| | <u>HENDRICKS</u> Circuit Court |

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 400

File _____

HENDRICKS County7-19-90
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 Metro Health

| MALE APPLICANT | | | | |
|---|-------|--------|------|--|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address Street or R.R. City County State | | | | |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children. <u>Wife, Joshua</u> | | | | |
| 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 <u>William L. Hines</u> Residence of father (if deceased, so state) <u>Dallas TX</u> Birthplace of father (State or foreign country) <u>AL</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Patricia Ann Howell</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>TN</u> | | | | |

| FEMALE APPLICANT | | | | |
|---|-------|--------|------|--|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address Street or R.R. City County State | | | | |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>Edward L. Pierle</u> Residence of father (if deceased, so state) <u>Brownsburg IN</u> Birthplace of father (State or foreign country) <u>IN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Hazel Patrick</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>KY</u> | | | | |

| ACKNOWLEDGMENT | |
|--|---------------------|
| I acknowledge that I have received information regarding 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 <u>Kevin W. Hines</u> | Date <u>7/19/90</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court _____ | Date _____ |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| County of _____) | |
| Signed <u>Kevin W. Hines</u> | |
| New Address <u>Same as above</u> | |
| Subscribed and sworn to before me this _____ day of _____, 19____ | |
| Clerk of the <u>HENDRICKS</u> Circuit Court | |

| ACKNOWLEDGMENT | |
|--|---------------------|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant <u>Emily M. Pierle</u> | Date <u>7-19-90</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court _____ | Date _____ |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| County of _____) | |
| Signed <u>Emily M. Pierle</u> | |
| New Address _____ | |
| Subscribed and sworn to before me this _____ day of _____, 19____ | |
| Clerk of the <u>HENDRICKS</u> Circuit Court | |

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-19-90, authorizing the marriage of KEVIN W. HINES and EMILY M. PIERLE.

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

I, LARRY L. BELLVILLE (name), certify that on 8-4-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, KEVIN W. HINES of HENDRICKS County, IN (state), and EMILY M. PIERLE of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-4-90

Signed by: /s/ LARRY L. BELLVILLE, MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-7-90 (date).

Signed Donna Johnson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 401File 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 _____

MALE APPLICANT

Name Marvin Elmer Sparks, Jr.
Date of Birth 12 Month 21 Day 67 Year
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 3960 Wendel Dr. N.W. Indpls, In.
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

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

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 Marvin Elmer Sparks, Sr.
Residence of father (if deceased, so state) Indpls, In.
Birthplace of father (State or foreign country) Ind.

(b) Full maiden name of applicant's mother Marsha Starlene Brewitt
Residence of mother (if deceased, so state) Indpls, In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Lori Lee Ison
Date of Birth 11 Month 28 Day 66 Year
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 605 Nelson Dr. Brownsburg, In.
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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 father Jack Meton Ison
Residence of father (if deceased, so state) Brownsburg, In.
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Linda Kay Mays
Residence of mother (if deceased, so state) Brownsburg, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Marvin E. Sparks, Jr. Date 7-19-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Marvin E. Sparks, Jr.
New Address SAME

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

ACKNOWLEDGMENT

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

Signature of Applicant Lori L. Ison Date 7/19/90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Lori L. Ison
New Address 3960 Wendel Dr. N.W.

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____
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 HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-23-90, authorizing the marriage of MARVIN ELMER SPARKS, JR. and LORI LEE ISON.

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

I, JAMES F. SPARKS (name), certify that on 7-28-90 (date), at INDPLS in MARION County, Indiana, MARVIN ELMER SPARKS, JR. of MARION County, IN (state), and LORI LEE ISON of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-28-90.

Signed by: /s/ JAMES F. SPARKS, PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-14-90 (date).

Signed Ronnie Dawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 402

File

Date of Application July 19, 1990

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

Female

Medical Examination or Report Dated 7/9/90Name of Physician Dr. R. Johns

MALE APPLICANT

Name Steven William Marino
Date of Birth Sept. 9, 1968
Place of Birth (State or foreign country) Philadelphia, Pa.
Residence Address 8515 Westport Dr. Indianapolis, IN 46239
Previous Marital Status: Never Married ☒ OR ☐

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver License

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

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 William Alexander Joseph Marino
Residence of father (if deceased, so state) Indianapolis, IN
Birthplace of father (State or foreign country) Pennsylvania

(b) Full maiden name of applicant's mother Janet Lee Wood
Residence of mother (if deceased, so state) Indianapolis, IN
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Tamara Leigh Crum
Date of Birth Jan. 17, 1969
Place of Birth (State or foreign country) Springfield, Ill.
Residence Address 21 Parkwood Dr. Brownsburg, IN
Previous Marital Status: Never Married ☒ OR ☐

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children.

6. (a) Full name of father of dependent children R
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 Robert Lynn Crum
Residence of father (if deceased, so state) Brownsburg, IN
Birthplace of father (State or foreign country) Illinois

(b) Full maiden name of applicant's mother Norma Carole Levey
Residence of mother (if deceased, so state) Brownsburg, IN
Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

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

Signature of Applicant Steven W. Marino 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Steven W. MarinoNew Address 3768 N. Tillotson #170 Muncie, IN 47304Subscribed and sworn to before me this 19th day of July, 1990Clerk of the HENDRICKS Circuit Court Connie Lawson

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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 _____

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Tamara 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Tamara Leigh CrumNew Address 3768 N. Tillotson #170 Muncie, IN 47304Subscribed and sworn to before me this 19th day of July, 1990Clerk of the HENDRICKS Circuit Court Connie Lawson

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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 _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7/19/90, authorizing the marriage of STEVEN W. MARINO and TAMARA L. CRUM.

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

I, RICHARD D. PETERSON (name), certify that on 8-4-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, STEVEN W. MARINO of MARION County, IN (state), and TAMARA L. CRUM of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-4-90

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 Connie Lawson ClerkHENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 403

File _____

Date of Application 7-19-90

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 David B. Haggard

MALE APPLICANT

Name Scott First Alan Middle Rardon Last
Date of Birth 4 Month 9 Day 1958 Year
Place of Birth (State or foreign country) Ind.
Residence Address 7417 Reynolds Rd. Camby Street or R.R. Ind. City Camby County Hendricks State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Haggard

- Are you now 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): _____
Birthplace of mother (State or foreign country): _____
- (a) Full name of applicant's father: Donald Eugene Rardon
Residence of father (if deceased, so state): Camby Ind.
Birthplace of father (State or foreign country): Ind.
(b) Full maiden name of applicant's mother: Marilyn Jean Cook
Residence of mother (if deceased, so state): Same
Birthplace of mother (State or foreign country): Ind.

FEMALE APPLICANT

Name Kristina First Brandy Middle Mills Last
Date of Birth 3 Month 9 Day 1973 Year
Place of Birth (State or foreign country) Ind.
Residence Address 7417 Reynolds Rd. Camby Street or R.R. Ind. City Camby County Hendricks State
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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): _____
Birthplace of mother (State or foreign country): _____
- (a) Full name of applicant's father: Steven W. Meshberger
Residence of father (if deceased, so state): (F)
Birthplace of father (State or foreign country): Ind.
(b) Full maiden name of applicant's mother: Spice S. Ashworth
Residence of mother (if deceased, so state): Camby Ind.
Birthplace of mother (State or foreign country): Ind.

ACKNOWLEDGMENT

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

Signature of Applicant Scott A. Rardon Date 7/19/90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed Scott A. Rardon
New Address Same as above

Subscribed and sworn to before me this 19 day of July, 1990
Connie Gannon Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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 HENDRICKS)

Signed _____ Father
Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Kristina B. Mills Date 7/19/90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed Kristina B. Mills
New Address _____

Subscribed and sworn to before me this 19 day of July, 1990
Connie Gannon Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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:
County of HENDRICKS)

Signed _____
Signed _____

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties by 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 7-19-90, authorizing the marriage of SCOTT ALAN RARDON and KRISTINA BRANDY MILLS.

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

I, DANNY VAUGHN (name), certify that on 9-8-90 (date), at CAMBY in HENDRICKS County, Indiana, SCOTT ALAN RARDON of HENDRICKS County, IN (state), and KRISTINA BRANDY MILLS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-19-90.

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).

Signed Connie Gannon 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

No. 403
File
Date of Application 7-19-90

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 David B. Haggard

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Birth
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence 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 applicant's father Donald Eugene Rardon
Residence of father (if deceased, so state) Camby Ind.
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of applicant's mother Marilyn Jean Pooley
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence 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 applicant's father Steven W. Meschberger
Residence of father (if deceased, so state) (F)
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of applicant's mother Joyce E. Schmitt
Residence of mother (if deceased, so state) Camby Ind.
Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 7/19/90
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 _____

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 [Signature] Date 7/19/90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana 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.

Sig
New
Subscribed and sw
CONSENT OF PA
We, the parents of state facts which n
State of Indiana
County of
Sig
Sig
Subscribed and sw
COMPLETE IF
and filed in

Joyce Lee Schmitt
Mother
notary Terry W. Barker
Marion Co
Comm exp 7/18/90

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-19-90, authorizing the marriage of SCOTT ALAN RARDON and KRISTINA BRANDY MILLS.
I further certify that the following marriage certificate was filed in my office:
I, DANNY VAUGHN (name), certify that on 9-8-90 (date), at CAMBY in MARION County, Indiana, SCOTT ALAN RARDON of HENDRICKS County, IN (state), and KRISTINA BRANDY MILLS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-19-90.
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).
Signed [Signature] Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 404

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 7-16-90
Name of Physician Nudner Hobbs, M.D.

MALE APPLICANT

Name Douglas Alan Collier
Date of Birth 2 Month 3 Day 68 Year
Place of Birth (State or foreign country) Greencastle, In.
Residence Address 5367 Holly Springs Dr. W. Indpls. In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Minister's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father Maurice Frederick Collier
Residence of father (if deceased, so state) Corydonville, In.
Birthplace of father (State or foreign country) Indiana
- (b) Full maiden name of applicant's mother Mary Ruth Evans
Residence of mother (if deceased, so state) Corydonville, In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Rebecca Lynne Hammons
Date of Birth 12 Month 16 Day 67 Year
Place of Birth (State or foreign country) Greenville, In.
Residence Address R.R. 1 Box 477 Clayton, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Minister's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father Delbert Hammons
Residence of father (if deceased, so state) Clayton, In.
Birthplace of father (State or foreign country) Ky.
- (b) Full maiden name of applicant's mother Martha Pearl Martin
Residence of mother (if deceased, so state) Clayton, In.
Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

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

Signature of Applicant Douglas Alan Collier Date 7/19/90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Douglas Alan Collier

New Address SAME

Subscribed and sworn to before me this 19th day of July, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Rebecca Lynne Hammons Date 7/19/90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Rebecca Lynne Hammons

New Address 5367 Holly Springs Dr. W. Indpls. In 46254

Subscribed and sworn to before me this 19th day of July, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-19-90, authorizing the marriage of DOUGLAS ALAN COLLIER and REBECCA LYNN HAMMONS.

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

I, TERRY L. HARRIS (name), certify that on 7-28-90 (date), at MOORESVILLE CHURCH OF GOD in MORGAN County, Indiana, DOUGLAS ALAN COLLIER of HENDRICKS County, IN (state), and REBECCA LYNN HAMMONS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-28-90.

Signed by: /s/ TERRY L. HARRIS MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 7-31-90 (date).

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 405

File _____

HENDRICKS County7-20-90
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 L. Morse, M.D.

| MALE APPLICANT | | FEMALE APPLICANT | |
|--|---|------------------|--|
| Name <u>Robert D. Kelly</u> | Name <u>Patricia E. Howell</u> | | |
| Date of Birth <u>May 3 1936</u> | Date of Birth <u>June 14 1943</u> | | |
| Place of Birth (State or foreign country) <u>Ind.</u> | Place of Birth (State or foreign country) <u>Ind.</u> | | |
| Residence Address <u>402 S. Kentucky & Danville</u> | Residence Address <u>402 S. Kentucky & Danville</u> | | |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | |
| 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 _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | (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 <u>Wm Kelly</u> Residence of father (if deceased, so state) <u>deceased</u> Birthplace of father (State or foreign country) <u>Ind.</u> | 7. (a) Full name of applicant's father <u>Wm Howell</u> Residence of father (if deceased, so state) <u>deceased</u> Birthplace of father (State or foreign country) <u>Ind.</u> | | |
| (b) Full maiden name of applicant's mother <u>Eva Mae Cobb</u> Residence of mother (if deceased, so state) <u>deceased</u> Birthplace of mother (State or foreign country) <u>Ind.</u> | (b) Full maiden name of applicant's mother <u>Marjory Reynolds</u> Residence of mother (if deceased, so state) <u>deceased</u> Birthplace of mother (State or foreign country) <u>Ind.</u> | | |
| ACKNOWLEDGMENT I acknowledge that I have received information regarding 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 <u>Robert D. Kelly</u> Date <u>7-20-90</u> The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____ | ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Patricia E. Howell</u> Date <u>7-20-90</u> The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____ | | |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Robert D. Kelly</u> New Address <u>402 S. Kentucky</u> Subscribed and sworn to before me this <u>20</u> day of <u>July</u> , 19 <u>90</u> <u>Janice S. Cholewski</u> Clerk of the <u>HENDRICKS</u> Circuit Court | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Patricia E. Howell</u> New Address <u>402 S. Kentucky</u> Subscribed and sworn to before me this <u>20</u> day of <u>July</u> , 19 <u>90</u> <u>Janice S. Cholewski</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk | | |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-20-90, authorizing the marriage of ROBERT D. KELLY and PATRICIA E. HOWELL.

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

I, JANICE S. CHILEWSKI (name), certify that on 7-20-90 (date), at DANVILLE in HENDRICKS County, Indiana, ROBERT D. KELLY of HENDRICKS County, IN (state), and PATRICIA E. HOWELL of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-20-90.

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 Janice S. Cholewski Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 406

File _____

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 _____
Name of Physician N/A

MALE APPLICANT

Name Pinky First Wilson Jr. Middle Last
Date of Birth 3 Month 27 Day 28 Year
Place of Birth (State or foreign country) AZ
Residence Address 703 J. St. Street or R.R. Wynona City AZ County 12391 State
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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. Pinky R. Wilson Jr.
- (a) Full name of father of dependent children Anthony Wilson, Aquanetta D. Wilson, Linda, Carol, Gerald, Brad, Jerome, Presilla, Duane Elliott
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) _____
- (a) Full name of applicant's father Pink Wilson
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) MS.
(b) Full maiden name of applicant's mother Beatrice Steele
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) AZ AZ

FEMALE APPLICANT

Name Ruby First G. Middle Last Jones
Date of Birth 4 Month 1 Day 35 Year
Place of Birth (State or foreign country) AZ
Residence Address PO Box 211 Street or R.R. US City 90 County Pisd. State
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children. Debra, Ruby, Beverly, Luis Jr., Sherry, Gregory, Danette, Crystal
- (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) _____
- (a) Full name of applicant's father Theodore McMillen
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) AZ
(b) Full maiden name of applicant's mother Evelyn Stafford
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) AZ

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Pinky Wilson Jr. Date _____

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.

Signed Pinky Wilson Jr.

New Address _____

Subscribed and sworn to before me this 20 day of July, 1990
Bonnie Spence Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Ruby G. Jones 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Ruby G. Jones

New Address _____

Subscribed and sworn to before me this 20 day of July, 1990
Bonnie Spence Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-20-90, authorizing the marriage of PINKY WILSON JR. and RUBY G. JONES.

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

I, CYNTHIA J. SPENCE (name), certify that on 7-20-90 (date), at DANVILLE in HENDRICKS County, Indiana, PINKY WILSON JR. of CROSS County, 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 HENDRICKS County, Indiana, dated 7-20-90.

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 7-20-90 (date).

Signed Bonnie Spence 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

No. 407

File _____

Date of Application 7-20-90

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 Mark Moore

| MALE APPLICANT | | FEMALE APPLICANT | |
|--|--|--|--|
| Name | First <u>William</u> Middle <u>Lee</u> Last <u>Riggs Jr</u> | Name | First <u>Amy</u> Middle <u>Lynn</u> Last <u>Frick Bridges</u> |
| Date of Birth | Month <u>5</u> Day <u>20</u> Year <u>67</u> | Date of Birth | Month <u>2</u> Day <u>16</u> Year <u>70</u> |
| Place of Birth (State or foreign country) | <u>IN</u> | Place of Birth (State or foreign country) | <u>IN</u> |
| Residence Address | Street or R.R. <u>PO Box 161</u> City <u>Bloomington</u> County <u>Mad</u> State <u>IN</u> | Residence Address | Street or R.R. <u>111 E Main</u> City <u>Bloomington</u> County <u>Mad</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 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 _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | | (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 <u>William L. Riggs Jr</u> Residence of father (if deceased, so state) <u>Madison IN</u> Birthplace of father (State or foreign country) <u>Ind</u> | | 7. (a) Full name of applicant's father <u>Robert William Frick</u> Residence of father (if deceased, so state) <u>IN</u> Birthplace of father (State or foreign country) <u>Ind</u> | |
| (b) Full maiden name of applicant's mother <u>Kathleen S. Ingman</u> Residence of mother (if deceased, so state) <u>Bloomington Ind</u> Birthplace of mother (State or foreign country) <u>Ind</u> | | (b) Full maiden name of applicant's mother <u>Forrest Lynn Howard</u> Residence of mother (if deceased, so state) <u>Bloomington Ind</u> Birthplace of mother (State or foreign country) <u>Ind</u> | |
| ACKNOWLEDGMENT I acknowledge that I have received information regarding 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 <u>William L. Riggs Jr</u> Date <u>7-20-90</u> | | ACKNOWLEDGMENT I acknowledge that I have received information regarding 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 <u>Amy L. Frick</u> Date <u>7-20-90</u> | |
| The 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 _____) ss: I swear/affirm that the information given in this application is true and correct. County of <u>HENDRICKS</u>) Signed <u>William L. Riggs Jr</u> New Address _____ Subscribed and sworn to before me this <u>20</u> day of <u>July</u> , 19 <u>90</u> <u>Lois Ingman</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | State of Indiana _____) ss: I swear/affirm that the information given in this application is true and correct. County of <u>HENDRICKS</u>) Signed <u>Amy L. Frick</u> New Address _____ Subscribed and sworn to before me this <u>20</u> day of <u>July</u> , 19 <u>90</u> <u>Lois Ingman</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) ss: County of _____) Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk | | CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) ss: County of _____) Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk | |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-20-90, authorizing the marriage of _____ and _____.

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

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

Signed by: _____ (official designation)

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

Signed _____ Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 408

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 7-17-90

Name of Physician Gregory M. Scott

MALE APPLICANT

Name First Middle Last Gerald Arthur Stewart
Date of Birth Month Day Year 3 7 58
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R.R. City County State 11 N. Frank Indianapolis, In.
Previous Marital Status: Never Married ☐ OR ☒

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic

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

5. List the full names of any dependent children. Kristina Dawn Stewart 14 yrs.

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 David Jesse Stewart
Residence of father (if deceased, so state) Shelbyville, In.
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Elise Louise Long
Residence of mother (if deceased, so state) Shelbyville, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Gerald A. Stewart 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Gerald A. Stewart

New Address _____

Subscribed and sworn to before me this 20th day of July, 1990
Connie Rawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

FEMALE APPLICANT

Name First Middle Last Terrial K. Hacker
Date of Birth Month Day Year 7 1 54
Place of Birth (State or foreign country) Elizabethtown, Ky.
Residence Address Street or R.R. City County State 11 N. Frank Indianapolis, In.
Previous Marital Status: Never Married ☐ OR ☒

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic

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

5. List the full names of any dependent children. David Hacker Jr. 19 yrs
Christy Hacker 17 yrs Angie Hacker 15 yrs

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 Oran Tillous Hart
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Ky.

(b) Full maiden name of applicant's mother Lorraine Agnes Menter
Residence of mother (if deceased, so state) Hamilton, Ohio
Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

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

Signature of Applicant Terrial K. Hacker 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.

Clerk of Court Terrial K. Hacker Date 7-20-90

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Terrial K. Hacker

New Address _____

Subscribed and sworn to before me this 20th day of July, 1990
Connie Rawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-20-90, authorizing the marriage of GERELD ARTHUR STEWART and

TERRIAL KATREA HACKER

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

I, CYNTHIA J. SPENCE (name), certify that on 7-20-90 (date), at DANVILLE in HENDRICKS County, Indiana, GERELD ARTHUR STEWART of HENDRICKS County, IN (state), and TERRIAL KATREA HACKER 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 7-20-90.

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 7-20-90 (date).

Signed Connie Rawson ClerkHENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 409
File _____
Date of Application 7-20-90

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 7-19-90
Name of Physician Wm Edwards

| MALE APPLICANT | FEMALE APPLICANT |
|---|---|
| Name <u>Kenneth Jay Holbrook</u> | Name <u>Cheryl Lorraine Fink</u> |
| Date of Birth <u>Month 11 Day 16 Year 1966</u> | Date of Birth <u>Month June Day 12 Year 1967</u> |
| Place of Birth (State or foreign country) <u>Ind.</u> | Place of Birth (State or foreign country) <u>Ind.</u> |
| Residence Address <u>5252 Holly Springs Dr. Indianapolis</u> | Residence Address <u>4629 E 150 N. Danville</u> |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Francis</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | (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 <u>Donald Holbrook</u> Residence of father (if deceased, so state) <u>Brownshurg, Ind.</u> Birthplace of father (State or foreign country) <u>Ind.</u> | 7. (a) Full name of applicant's father <u>Wm Fink</u> Residence of father (if deceased, so state) <u>Same</u> Birthplace of father (State or foreign country) <u>Ind.</u> |
| (b) Full maiden name of applicant's mother <u>Dianne Graham</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>Ind.</u> | (b) Full maiden name of applicant's mother <u>D. Della Fink</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>Ind.</u> |
| 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 <u>X Kenneth J Holbrook</u> Date <u>7/20/90</u> | Signature of Applicant <u>X Cheryl L. Fink</u> Date <u>7-20-90</u> |
| 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed <u>X Kenneth J Holbrook</u> | Signed <u>X Cheryl L. Fink</u> |
| New Address <u>5252 Holly Springs Dr E Indianapolis</u> | New Address <u>Same as to the left</u> |
| Subscribed and sworn to before me this <u>20</u> day of <u>July</u> , 19 <u>90</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | Subscribed and sworn to before me this <u>20</u> day of <u>July</u> , 19 <u>90</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: | State of Indiana <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-20-90, authorizing the marriage of KENNETH JAY HOLBROOK and CHERYL LORRAINE FINK.

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

I, JUD SHARP (name), certify that on 8-4-90 (date), at WHITE LICK CHURCH _____
(?) County, Indiana, KENNETH JAY HOLBROOK of MARION County,
IN (state), and CHERYL LORRAINE FINK of HENDRICKS County,
IN (state) were 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/ FRED SHARP MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-7-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 410

File _____

HENDRICKS County

Date of Application _____

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

Female
Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name Timothy First J Middle Kinch Last
Date of Birth 12 Month 01 Day 66 Year
Place of Birth (State or foreign country) IN
Residence Address 4953 West 11th Street Indpls, Marion, IN Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ N/A
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 ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A

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 Roland David Kinch
Residence of father (if deceased, so state) DECEASED
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother NORM JEAN McFadden
Residence of mother (if deceased, so state) 3061 W. Jackson Indpls IN
Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name Kimberly First A Middle GEISEL Last Brecht
Date of Birth 12 Month 20 Day 60 Year
Place of Birth (State or foreign country) MI
Residence Address 10063 Crawfordville Rd, Indpls, Hendricks, IN Street or R.R. City County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) open lic

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

6. (a) Full name of father of dependent children Kenneth GEISELBRECHT
Residence of father (if deceased, so state) Temple TX
Birthplace of father (State or foreign country) TX
(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 Kenneth Bronson
Residence of father (if deceased, so state) DECEASED
Birthplace of father (State or foreign country) MI
(b) Full maiden name of applicant's mother Lillian E Copron
Residence of mother (if deceased, so state) 7902 W. M 42, Mantoy MI
Birthplace of mother (State or foreign country) MI

ACKNOWLEDGMENT

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

Signature of Applicant Timothy J Kinch Date 07-20-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Timothy J Kinch

New Address 10063 Crawfordville Rd, Indpls IN

Subscribed and sworn to before me this 20th day of July, 1990
Connie Rawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Kimberly Geiselbrecht Date 07-20-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Kimberly Geiselbrecht

New Address 10063 Crawfordville Rd, Apt 1 Indpls IN

Subscribed and sworn to before me this 20th day of July, 1990
Connie Rawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 07-20-90, authorizing the marriage of TIMOTHY J. KINCH and KIMBERLY A. GEISELBRECHT.

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, TIMOTHY J. KINCH of HENDRICKS County, IN (state), and KIMBERLY A. GEISELBRECHT of MARION County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-4-90.

Signed by: /s/ ANTHONY V. DISOMMA JUDGE PRO TEMPORE (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-20-90 (date).

Signed Connie Rawson Clerk

HENDRICKS Circuit Court

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 411

File

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 7-23-90
Name of Physician D. Haggard, M.D.

MALE APPLICANT

Name Christian Rudolf Tombers
Date of Birth Month 7 Day 15 Year 53
Place of Birth (State or foreign country) West Berlin, Germany
Residence Address 806-30 Panama Dr. Palestine, IL
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence 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 applicant's father Peter Wilhelm Tombers
Residence of father (if deceased, so state) Detroit, Mich.
Birthplace of father (State or foreign country) West Germany
(b) Full maiden name of applicant's mother Rosemarie Gisela Heuser
Residence of mother (if deceased, so state) Detroit, Mich.
Birthplace of mother (State or foreign country) West Germany

FEMALE APPLICANT

Name Gerrian Middle de Jong
Date of Birth Month 2 Day 18 Year 58
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 2130 Pinegrove Lane Plainfield, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence 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 applicant's father Andries de Jong
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Holland
(b) Full maiden name of applicant's mother Hendrika Tjaptha Wassink
Residence of mother (if deceased, so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Holland

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Christian R. Tombers 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.

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 Christian R. Tombers
New Address
Subscribed and sworn to before me this 23rd day of July, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Gerrian de Jong 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.

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 Gerrian de Jong
New Address 806-30 Panama Dr.
Subscribed and sworn to before me this 23 day of July, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-23-90, authorizing the marriage of CHRISTIAN RUDOLF TOMBERS and GERRIAN de JONG.

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

I, WILLIAM R. CLAYTON (name), certify that on 9-1-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, CHRISTIAN RUDOLF TOMBERS of COOK County, IL (state), and GERRIAN de JONG of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-1-90.

Signed by: /s/ WILLIAM R. CLAYTON PASTOR (official designation)

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

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 412

File

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 2-28-86
Name of Physician Brett Eaton

MALE APPLICANT

Name Timothy First Wade Middle Kemp Last
Date of Birth July Month 14 Day 1962 Year
Place of Birth (State or foreign country) Arkansas
Residence Address West Cabusadi Dr. Rfd. Hendricks, In
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

5. List the full names of any dependent children William Blair 8 yrs,
Austin Wade 4 yrs

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 Raymond Kemp
Residence of father (if deceased, so state) Michigan
Birthplace of father (State or foreign country) Arkansas

(b) Full maiden name of applicant's mother Charlotte Ann Perry
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) New York

FEMALE APPLICANT

Name Judy First Jo Middle Harper Last
Date of Birth October Month 22 Day 1958 Year
Place of Birth (State or foreign country) Indiana
Residence Address West Cabusadi Dr. Rfd. Hendricks, In
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

5. List the full names of any dependent children Caron J Reynolds
3 yrs,

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 Walter Everett Harper
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Edna Irene Miller
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Timothy Wade Kemp 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
County of _____)

Signed Timothy Wade Kemp
New Address same

Subscribed and sworn to before me this 23 day of July, 1990
Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

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

Signature of Applicant Judy Jo Harper 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
County of _____)

Signed Judy Jo Harper
New Address same

Subscribed and sworn to before me this 23 day of July, 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 _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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 _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-23-90, authorizing the marriage of TIMOTHY WADE KEMP and JUDY JO HARPER.

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

I, JAMES D. SPENCER (name), certify that on 8-4-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, TIMOTHY WADE KEMP of HENDRICKS County, IN (state), and JUDY JO HARPER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-23-90.

Signed by: /s/ JAMES D. SPENCER PLAINFIELD TOWN COURT, JUDGE (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-8-90 (date).

Signed Ronnie Spenser Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 413
File 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 7-16-90
Name of Physician Ronie Clark, M.D.

| MALE APPLICANT | |
|---|--|
| Name | First <u>Aaron</u> Middle <u>Wade</u> Last <u>Stephenson</u> |
| Date of Birth | Month <u>10</u> Day <u>23</u> Year <u>70</u> |
| Place of Birth (State or foreign country) | <u>Greencastle, In.</u> |
| Residence Address | Street or R.R. <u>Rt #1 Box 23</u> City <u>Cortesville</u> State <u>Ind.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>Michael Raye Stephenson</u> Residence of father (if deceased, so state) <u>Cortesville, In.</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Naileen Ann Greenlee</u> Residence of mother (if deceased, so state) <u>Cortesville, In.</u> Birthplace of mother (State or foreign country) <u>Indiana</u> |

| FEMALE APPLICANT | |
|---|---|
| Name | First <u>Amanda</u> Middle <u>Machelle</u> Last <u>Stone</u> |
| Date of Birth | Month <u>7</u> Day <u>31</u> Year <u>71</u> |
| Place of Birth (State or foreign country) | <u>Greencastle, In.</u> |
| Residence Address | Street or R.R. <u>Rt 1</u> City <u>Fullmire</u> State <u>In.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>Michael Dennis Stone</u> Residence of father (if deceased, so state) <u>Fullmire, In.</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Peggy Lee Bumgardner</u> Residence of mother (if deceased, so state) <u>Fullmire, In.</u> Birthplace of mother (State or foreign country) <u>Indiana</u> |

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Aaron Stephenson 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.

Clerk of Court _____ Date _____

ACKNOWLEDGMENT

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

Signature of Applicant Machelle Stone 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Aaron Stephenson

New Address _____

Subscribed and sworn to before me this 23rd day of July, 1990

Connie Lawson Clerk 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 Machelle Stone

New Address _____

Subscribed and sworn to before me this 23rd day of July, 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana 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 HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-23-90, authorizing the marriage of AARON STEPHENSON and AMANDA STONE.

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

I, DAVID LANG (name), certify that on 8-4-90 (date), at COATESVILLE in HENDRICKS County, Indiana, AARON STEPHENSON of HENDRICKS County, IN (state), and AMANDA STONE of PUTNAM County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-4-90

Signed by: /s/ DAVID LANG MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-7-90 (date).

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 414

File

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 6-22-90Name of Physician Laurence E. Van H.D.

MALE APPLICANT

Name William Douglas Perdue
Date of Birth September 7 1971
Place of Birth (State or foreign country) Chapel In. Marion Co.
Residence Address 6379 W-1000 N McCordsville In. 46055
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) Adoption Papers

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None

6. (a) Full name of father of dependent children _____
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 Marco Perdue
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Same

(b) Full maiden name of applicant's mother Pamela Sue Mitchner
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Same

FEMALE APPLICANT

Name Julie Ann Harris
Date of Birth 4 1970
Place of Birth (State or foreign country) Indianapolis In.
Residence Address 28 Sunset Lane Brownsburg In.
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 ☐
5. List the full names of any dependent children. None

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 William Kenneth Harris
Residence of father (if deceased, so state) Brownsburg In.
Birthplace of father (State or foreign country) Tenn.

(b) Full maiden name of applicant's mother Glennice Charles Pierson
Residence of mother (if deceased, so state) Brownsburg In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant William D. Perdue 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.Signed William D. Perdue

New Address _____

Subscribed and sworn to before me this 28th day of July, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk _____

ACKNOWLEDGMENT

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

Signature of Applicant Julie A. Harris Date _____

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.Signed Julie A. Harris

New Address _____

Subscribed and sworn to before me this 23rd day of July, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-28-90, authorizing the marriage of WILLIAM DOUGLAS PERDUE and JULIE ANN HARRIS.

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

I, JOYCE A. JOHNSON (name), certify that on 7-28-90 (date), at PRINCE OF PEACE LUTHERAN CHURCH MARION County, Indiana, WILLIAM DOUGLAS PERDUE of HANCOCK County, IN (state), and JULIE ANN HARRIS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-28-90.

Signed by: /s/ JOYCE A. JOHNSON PASTOR (official designation)Filed and recorded in accordance with the laws of the State of Indiana on 8-1-89 (date).Signed Connie Lawson ClerkHENDRICKS Circuit Court

APPLICATION FOR MARRIAGE LICENSE

No. 415
File _____
Date of Application 7-23-90

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 Don. Ragan

| MALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Ragan</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>Steven W. Blair</u> Residence of father (if deceased, so state) <u>Danville</u> Birthplace of father (State or foreign country) <u>IN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Barbara Whitman</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IN</u> | | | | |

| FEMALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Ragan</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children. <u>Brandon Noble Abell</u> | | | | |
| 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 <u>Harmit L. Abell</u> Residence of father (if deceased, so state) <u>Brownsburg</u> Birthplace of father (State or foreign country) <u>IN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Judy Ann Spalmer</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IN</u> | | | | |

| ACKNOWLEDGMENT | |
|--|------------------|
| I acknowledge that I have received information regarding 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 <u>Steven W. Blair</u> | Date <u>7/23</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court _____ | Date <u>7/1</u> |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Steven W. Blair</u> | |
| New Address _____ | |
| Subscribed and sworn to before me this <u>23</u> day of <u>July</u> , 19 <u>90</u> | |
| <u>Bonnie Johnson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |

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

| ACKNOWLEDGMENT | |
|--|---------------------|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant <u>Cheryl L. Abell</u> | Date <u>7/23/90</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court _____ | Date _____ |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Cheryl L. Abell</u> | |
| New Address <u>Same as above</u> | |
| Subscribed and sworn to before me this <u>23</u> day of <u>July</u> , 19 <u>90</u> | |
| <u>Bonnie Johnson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-23-90, authorizing the marriage of STEVEN W. BLAIR and CHERYL L. ABELL.

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

I, WAYNE D. SHOULDERS (name), certify that on 8-4-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, STEVEN W. BLAIR of HENDRICKS County, IN (state), and CHERYL L. ABELL of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-4-90.

Signed by: /s/ WAYNE D. SHOULDERS MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-10-90 (date).

Signed Bonnie Johnson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 416

File _____

Date of Application 7-25-90

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 7-16-90
Name of Physician Thomas M. Walker

MALE APPLICANT

Name Daniel First Dennis Middle Disney Last
Date of Birth May Month 24 Day 1953 Year
Place of Birth (State or foreign country) Montgomery Co. Indiana
Residence Address R.R. #2 Box 149 Clayton, Ind. 46118
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Unvers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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 Daniel Dennis Disney, Luanna Lynn Disney
- (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) _____
- (a) Full name of applicant's father Paul Leroy Disney
Residence of father (if deceased, so state) Ind.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Virginia Louise Campbell
Residence of mother (if deceased, so state) Ind.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Luann First Lee Middle Lee Last
Date of Birth January Month 15 Day 1957 Year
Place of Birth (State or foreign country) Marion County Indiana
Residence Address 238 N. Jefferson, Ellettsburg, Ind. 46112
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Unvers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☐ Yes ☐
- List the full names of any dependent children Michael J. Lee, Jeremy D. Lee, Justin H. Lee
- (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) _____
- (a) Full name of applicant's father Daniel Henry Stone
Residence of father (if deceased, so state) Kentucky
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Connie Myr Glidenreich
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Daniel D. Disney Date 7-25-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Daniel D. Disney

New Address Same

Subscribed and sworn to before me this 25th day of July, 19 90
Connie Gauson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Luann Lee Date 7-25-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Luann Lee

New Address RR 2 Box 149 Clayton

Subscribed and sworn to before me this 25th day of July, 19 90
Connie Gauson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-25-90, authorizing the marriage of DANIEL DENNIS DISNEY and LUANN LEE.

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

I, JOSEPH L. DISNEY (name), certify that on 8-11-90 (date), at INDIANAPOLIS in MARION County, Indiana, DANIEL DENNIS DISNEY of HENDRICKS County, IN (state), and LUANN LEE of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-11-90

Signed by: /s/ JOSEPH L. DISNEY, MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-13-90 (date).

Signed Connie Gauson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

325
No. 417
File 7-26-90
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 7-19-90
Name of Physician Thomas Pascali, M.D.

| MALE APPLICANT | |
|---|---|
| Name | First <u>Shane</u> Middle <u>Eric</u> Last <u>Jeffers</u> |
| Date of Birth | Month <u>9</u> Day <u>1</u> Year <u>66</u> |
| Place of Birth (State or foreign country) | <u>Charleston, Ill.</u> |
| Residence Address | Street or R.R. <u>10929 Rockville Rd #69</u> City <u>Indpls, In.</u> County <u>Indpls, In.</u> State <u>Indpls, In.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Minis' Lic.</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>Dorold Eugene Jeffers</u> |
| Residence of father (if deceased, so state) | <u>Deceased</u> |
| Birthplace of father (State or foreign country) | <u>Illinois</u> |
| (b) Full maiden name of applicant's mother | <u>Wesley Alberta Walker</u> |
| Residence of mother (if deceased, so state) | <u>Westfield, Ill.</u> |
| Birthplace of mother (State or foreign country) | <u>Illinois</u> |

| FEMALE APPLICANT | |
|--|---|
| Name | First <u>Julie</u> Middle <u>Marie</u> Last <u>Bennett</u> |
| Date of Birth | Month <u>3</u> Day <u>5</u> Year <u>65</u> |
| Place of Birth (State or foreign country) | <u>Rockford, Ill.</u> |
| Residence Address | Street or R.R. <u>10929 Rockville Rd #69</u> City <u>Indpls, In.</u> County <u>Indpls, In.</u> State <u>Indpls, In.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Minis' Lic.</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>Robert Noel Bennett</u> |
| Residence of father (if deceased, so state) | <u>Mt Morris, Ill.</u> |
| Birthplace of father (State or foreign country) | <u>Illinois</u> |
| (b) Full maiden name of applicant's mother | <u>Carol Elaine Sylvester</u> |
| Residence of mother (if deceased, so state) | <u>Mt Morris, Ill.</u> |
| Birthplace of mother (State or foreign country) | <u>Illinois</u> |

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Shane E. Jeffers Date 7/26/90

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 _____

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Julie M. Bennett Date 7/26/90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Shane E. Jeffers

New Address Same

Subscribed and sworn to before me this 26th day of July, 1990

Connie Lawen Clerk 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 Julie M. Bennett

New Address Same

Subscribed and sworn to before me this 26th day of July, 1990

Connie Lawen Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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 HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-26-90, authorizing the marriage of SHANE ERIC JEFFERS and JULIE MARIE BENNETTS.

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

I, JAMES WHITKANACK (name), certify that on 7-28-90 (date), at GREENWOOD in JOHNSON County, Indiana, SHANE ERIC JEFFERS of HENDRICKS County, IN (state), and JULIE MARIE BENNETTS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-28-90.

Signed by: /s/ JAMES WHITKANACK, MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-3-90 (date).

Signed Connie Lawen Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 418

File _____

Date of Application 7-24-90

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 7/11/90
 Name of Physician Nicholas C. Zoll, M.D.

MALE APPLICANT

Name Douglas First Bruce Middle Hastings Last
 Date of Birth June Month 28 Day 1965 Year
 Place of Birth (State or foreign country) Englewood, California, Los Angeles Co.
 Residence Address 1067 Hidden Valley Dr., Danfield, Ind. 46168
 Previous Marital Status: Never Married ☒ OR ☐

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
 If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None

6. (a) Full name of father of dependent children _____
 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 David Lee Hastings
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) same

(b) Full maiden name of applicant's mother Nancy Claire Moore
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) same

FEMALE APPLICANT

Name Susan First Jeannine Middle Walden Last
 Date of Birth September Month 28 Day 1965 Year
 Place of Birth (State or foreign country) Kokomo, Indiana, Howard Co.
 Residence Address 1370-D Dupont Dr., Indianapolis, Ind. 46214
 Previous Marital Status: Never Married ☒ OR ☐

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
 If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None

6. (a) Full name of father of dependent children _____
 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 Danny Lee Walden
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) same

(b) Full maiden name of applicant's mother Doris Jeannine Lea
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) same

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Douglas B. Hastings Date 7-26-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Douglas B. Hastings

New Address _____

Subscribed and sworn to before me this 26th day of July, 1990
Connie Gauson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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 _____

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Susan J. Walden Date 7-26-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Susan J. WaldenNew Address 1067 Hidden Valley Drive, Danfield, Ind. 46168

Subscribed and sworn to before me this 26th day of July, 1990
Connie Gauson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-26-90, authorizing the marriage of DOUGLAS BRUCE HASTINGS and

SUSAN JEANNINE WALDEN

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

I, DAVID A. WOODS (name), certify that on 7-28-90 (date), at RUSSIAVILLE in HOWARD County, Indiana, DOUGLAS BRUCE HASTINGS of HENDRICKS County, IN (state), and SUSAN JEANNINE WALDEN 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 7-28-90

Signed by: /s/ DAVID A. WOODS MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-3-90 (date).

Signed Connie Gauson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 419
File _____
Date of Application 7-26-90

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 410

| MALE APPLICANT | |
|---|--|
| Name | First <u>Gene</u> Middle <u>H.</u> Last <u>Revell</u> |
| Date of Birth | Month <u>2</u> Day <u>7</u> Year <u>30</u> |
| Place of Birth (State or foreign country) | <u>Marion</u> |
| Residence Address | Street or R.R. <u>292 W. Broadway St.</u> City <u>Danville</u> County _____ State _____ |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Da. Rev.</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. | List the full names of any dependent children: <u>George Evelyn Revell</u> |
| 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 <u>Reyes Rubin Revell</u> Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Marion</u> (b) Full maiden name of applicant's mother <u>Lula Belle Miller</u> Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>IN</u> |

| FEMALE APPLICANT | |
|---|--|
| Name | First <u>Madeline</u> Middle _____ Last <u>Wine</u> |
| Date of Birth | Month <u>7</u> Day <u>20</u> Year <u>20</u> |
| Place of Birth (State or foreign country) | <u>New York</u> |
| Residence Address | Street or R.R. _____ City _____ County _____ State _____ |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: | Death <input checked="" type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Marriage Reg. Card</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. | List the full names of any dependent children: <u>Douglas Wine</u> |
| 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 <u>Harold Albert Paterson</u> Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>New York</u> (b) Full maiden name of applicant's mother <u>Dorothy Mae Manerghy</u> Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>England</u> |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Gene H. Revell Date _____

The above applicant has 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) ss: I swear/affirm that the information given
County of _____) in this application is true and correct.

Signed Gene H. Revell

New Address _____

Subscribed and sworn to before me this 26 day of July, 1990
Donnie Swanson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Madeline Wine Date _____

The above applicant has 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) ss: I swear/affirm that the information given
County of _____) in this application is true and correct.

Signed Madeline Wine

New Address _____

Subscribed and sworn to before me this 26 day of July, 1990
Donnie Swanson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-26-90, authorizing the marriage of GENE H. REVELL and MADALINE WIRE.

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

I, DONADL R. SWANSON (name), certify that on 7-26-90 (date), at DANVILLE in HENDRICKS County, Indiana, GENE H. REVELL of HENDRICKS County, IN (state), and MADALINE WIRE 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 7-26-90

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

Filed and recorded in accordance with the laws of the State of Indiana on 7-27-90 (date).

Signed Donnie Swanson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 420

File

7-26-90
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 7-25-90
Name of Physician Stephen Jeger, MD

| MALE APPLICANT | | | | |
|---|----------------------|--------|---------|-------|
| Name | First | Middle | Last | |
| | C | Allen | Johnson | |
| Date of Birth | Month | Day | Year | |
| | 2 | 19 | 70 | |
| Place of Birth (State or foreign country) Ind. | | | | |
| Residence Address | Street or R.R. | City | County | State |
| | 4730 N. 901 E. Brown | | | |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Dr. Jeger | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father Ernest C. Johnson | | | | |
| Residence of father (if deceased, so state) Brownsville Ind. | | | | |
| Birthplace of father (State or foreign country) Ind. | | | | |
| (b) Full maiden name of applicant's mother Sharon Ruth Bushee | | | | |
| Residence of mother (if deceased, so state) Same | | | | |
| Birthplace of mother (State or foreign country) Ind. | | | | |

| FEMALE APPLICANT | | | | |
|--|---------------------|--------|--------|-------|
| Name | First | Middle | Last | |
| | Kelly | J. | Smith | |
| Date of Birth | Month | Day | Year | |
| | 7 | 18 | 68 | |
| Place of Birth (State or foreign country) Ind. | | | | |
| Residence Address | Street or R.R. | City | County | State |
| | 7460 Washington Dr. | | | |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Dr. Jeger | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father Robert H. Smith | | | | |
| Residence of father (if deceased, so state) Brownsville Ind. | | | | |
| Birthplace of father (State or foreign country) Ind. | | | | |
| (b) Full maiden name of applicant's mother Constance Amelia Akers | | | | |
| Residence of mother (if deceased, so state) Ind. | | | | |
| Birthplace of mother (State or foreign country) Ind. | | | | |

ACKNOWLEDGMENT

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

Signature of Applicant X C. Allen Johnson Date 7-26-90

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 _____

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Kelly Smith Date 7-26-90

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

Clerk of Court _____ Date _____

State of Indiana **HENDRICKS**) ss: I swear/affirm that the information given in this application is true and correct.

County of _____)

Signed X C. Allen Johnson

New Address _____

Subscribed and sworn to before me this 26 day of July 1990

_____ Clerk of the **HENDRICKS** Circuit Court

State of Indiana **HENDRICKS**) ss: I swear/affirm that the information given in this application is true and correct.

County of _____)

Signed X Kelly Smith

New Address _____

Subscribed and sworn to before me this 26 day of July 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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of **HENDRICKS** County, Indiana, dated 7-26-90, authorizing the marriage of C. ALLEN JOHNSON and KELLY J. SMITH.

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

I, JERRY R. NASH (name), certify that on 8-4-90 (date), at MANHATTAN in PUTNAM County, Indiana, C. ALLEN JOHNSON of HENDRICKS County, IN (state), and KELLY J. 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 8-4-90.

Signed by: /s/ JERRY R. NASH PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-7-90 (date).

Signed _____ Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 421
File 7-26-90
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 7-17-90
Name of Physician National Health Lab.

| MALE APPLICANT | |
|---|--|
| Name | First <u>Jon</u> Middle <u>Douglas</u> Last <u>Giles, Jr.</u> |
| Date of Birth | Month <u>8</u> Day <u>19</u> Year <u>68</u> |
| Place of Birth (State or foreign country) | <u>Lebanon, In.</u> |
| Residence Address | Street or R.R. <u>520 Sunnybrook Dr.</u> City <u>Brownsburg, In.</u> State <u>Ind.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Census Tr.</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>Jon Douglas Giles, Sr.</u> Residence of father (if deceased, so state) <u>Brownsburg, In.</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Janet Kay Seymour</u> Residence of mother (if deceased, so state) <u>Brownsburg, In.</u> Birthplace of mother (State or foreign country) <u>Indiana</u> |

| FEMALE APPLICANT | |
|---|--|
| Name | First <u>Holly</u> Middle <u>Renee</u> Last <u>Skinner</u> |
| Date of Birth | Month <u>11</u> Day <u>8</u> Year <u>69</u> |
| Place of Birth (State or foreign country) | <u>Columbus, In.</u> |
| Residence Address | Street or R.R. <u>520 Sunnybrook Dr.</u> City <u>Brownsburg, In.</u> State <u>Ind.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>Eldon Wayne Skinner</u> Residence of father (if deceased, so state) <u>Zeeland, Mich.</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Linda May Affeld</u> Residence of mother (if deceased, so state) <u>Zeeland, Mich.</u> Birthplace of mother (State or foreign country) <u>Indiana</u> |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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. Giles, Jr. Date 7-26-90

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

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
County of _____)
Signed Jon D. Giles, Jr.
New Address same
Subscribed and sworn to before me this 26 day of July, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

Clerk

ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Holly Skinner Date 7/26/90

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

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
County of _____)
Signed Holly Skinner
New Address same
Subscribed and sworn to before me this 26 day of July, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I 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 DOUGLAS GILES, JR. and HOLLY RENEE SKINNER.

I further certify that the following marriage certificate was filed in my office:
I, FRED W. FIEDLER (name), certify that on 8-4-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, JON DOUGLAS GILES, JR. of HENDRICKS County, IN (state), and HOLLY RENEE SKINNER of OTTAWA County, MI (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-4-90

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 Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 422

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.

Female

Medical Examination or Report Dated

Name of Physician

J. L. Hines 1000. Meadow
Coombs

MALE APPLICANT

Name Ralph First Erwin Middle Savoldi Last
Date of Birth June Month 27 Day 1960 Year
Place of Birth (State or foreign country) Ohio
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) id.

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

6. (a) Full name of father of dependent children
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 John Allen Savoldi
Residence of father (if deceased, so state) SC
Birthplace of father (State or foreign country) Ind
(b) Full maiden name of applicant's mother Elizabeth Jones
Residence of mother (if deceased, so state) SC
Birthplace of mother (State or foreign country) Ind

FEMALE APPLICANT

Name Kathryn First L. Middle Selig Last
Date of Birth 2 Month 26 Day 46 Year
Place of Birth (State or foreign country) Ohio
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) id. 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Stacey, William

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 Paul Hester Hordan
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) NY
(b) Full maiden name of applicant's mother Bernice Lynn McMillan
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

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

Signature of Applicant Ralph I. Savoldi Date July 27, 1990

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.

Signed

New Address Rt 2 Box 135 Coatesville

Subscribed and sworn to before me this 07 day of July, 19 90
Bonnie Spurr Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Kathryn Lynn Selig Date 7

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.

Signed

New Address _____

Subscribed and sworn to before me this 27 day of July, 19 90
Bonnie Spurr Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 RALPH I. SAVOLDI and KATHRYN L. SELIG.

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

I, WAYNE KIVETT (name), certify that on 8-7-90 (date), at COATESVILLE in HENDRICKS County, Indiana, RALPH I. SAVOLDI of HENDRICKS County, IN (state), and KATHRYN L. SELIG of HENDRICKS County, IN (state) were 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/ WAYNE KIVETT, PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-9-90 (date).

Signed Bonnie Spurr 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

No. 423

File _____

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 7-19-90
Name of Physician Jin Oei

| MALE APPLICANT | |
|---|--|
| Name | First <u>Michael</u> Middle <u>Ross</u> Last <u>Bonar</u> |
| Date of Birth | Month <u>5</u> Day <u>12</u> Year <u>68</u> |
| Place of Birth (State or foreign country) | <u>Indiana</u> |
| Residence Address | Street or R.R. <u>120 1/2 W. Main St.</u> City <u>Ellettsburg</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>none</u> |
| 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 | <u>Ralph Marvin Bonar</u> |
| Residence of father (if deceased, so state) | <u>Indiana</u> |
| Birthplace of father (State or foreign country) | <u>W. Virginia</u> |
| (b) Full maiden name of applicant's mother | <u>Ardisa Lorraine Kerns</u> |
| Residence of mother (if deceased, so state) | <u>Indiana</u> |
| Birthplace of mother (State or foreign country) | <u>California</u> |

| FEMALE APPLICANT | |
|--|--|
| Name | First <u>Dawn</u> Middle <u>Marie</u> Last <u>Brunner</u> |
| Date of Birth | Month <u>March</u> Day <u>31</u> Year <u>70</u> |
| Place of Birth (State or foreign country) | <u>Indiana</u> |
| Residence Address | Street or R.R. <u>120 1/2 W. Main St.</u> City <u>Ellettsburg</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>none</u> |
| 6. (a) Full name of father of dependent children | <u>Merrill Blaine Brunner</u> |
| Residence of father (if deceased, so state) | <u>Indiana</u> |
| Birthplace of father (State or foreign country) | <u>Indiana</u> |
| (b) Full maiden name of mother of dependent children | <u>Sandra Marie Hendry</u> |
| Residence of mother (if deceased, so state) | <u>Indiana</u> |
| Birthplace of mother (State or foreign country) | <u>Kentucky</u> |
| 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 | <u>X Michael Ross Bonar</u> Date <u>July 27, 1990</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious belief. | |
| Clerk of Court | _____ Date <u>7-27-90</u> |
| State of Indiana | <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | _____) |
| Signed | <u>X Michael Ross Bonar</u> |
| New Address | <u>same as above</u> |
| Subscribed and sworn to before me this | <u>27</u> day of <u>July</u> , 19 <u>90</u> |
| Clerk of the | <u>HENDRICKS</u> Circuit Court |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>X Dawn Marie Brunner</u> Date <u>July 27, 1990</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious belief. | |
| Clerk of Court | _____ Date _____ |
| State of Indiana | <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | _____) |
| Signed | <u>X Dawn Marie Brunner</u> |
| New Address | <u>same</u> |
| Subscribed and sworn to before me this | <u>27</u> day of <u>July</u> , 19 <u>90</u> |
| Clerk of the | <u>HENDRICKS</u> Circuit Court |

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 MICHAEL ROSS BONAR and DAWN MARIE BRUNNER.

I further certify that the following marriage certificate was filed in my office:
I, HAROLD L. LEININGER (name), certify that on 8-18-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, MICHAEL ROSS BONAR of HENDRICKS County, IN (state), and DAWN MARIE BRUNNER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-18-90.
Signed by: /s/ HAROLD L. LEININGER SENIOR PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-21-90 (date).

Signed Connie Dawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 424

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.

Female
Medical Examination or Report Dated 7-24-90
Name of Physician Larry Lowell

| MALE APPLICANT | | FEMALE APPLICANT | |
|--|-------------------------------|--|-------------------------------|
| Name | David Williams | Name | Deborah K. Keller |
| Date of Birth | Month 10 Day 29 Year 49 | Date of Birth | Month 7 Day 29 Year 51 |
| Place of Birth (State or foreign country) | Indiana | Place of Birth (State or foreign country) | Indiana |
| Residence Address | 1335 Keller Dr. Plainfield In | Residence Address | 1335 Keller Dr. Plainfield In |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License | | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 5. List the full names of any dependent children. Stephanie Lynn and Angela Susan | | 5. List the full names of any dependent children. none | |
| 6. (a) Full name of father of dependent children Residence of father (if deceased, so state) Birthplace of father (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) | | (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 Max Eugene Williams Residence of father (if deceased, so state) Indiana Birthplace of father (State or foreign country) Indiana | | 7. (a) Full name of applicant's father Garth Vernon Keller Residence of father (if deceased, so state) Indiana Birthplace of father (State or foreign country) Illinois | |
| (b) Full maiden name of applicant's mother Helen Marie Huber Residence of mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country) Indiana | | (b) Full maiden name of applicant's mother Linda Lorene Cole Residence of mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country) Illinois | |
| 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 David Williams Date 7-27-90 | | 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 Deborah K. Keller Date 7-27-90 | |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____ | | The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct. Signed Deborah Williams New Address same Subscribed and sworn to before me this 27 day of July, 1990 Corrie Lawson Clerk 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 Deborah K. Keller New Address same Subscribed and sworn to before me this 27th day of July, 1990 Corrie 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 State of Indiana HENDRICKS) ss: Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ Clerk | | We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 OWEN County, Indiana, DAVID WILLIAMS of HENDRICKS County, IN (state), and DEBORAH KELLER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 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).

Signed Corrie Lawson Clerk
HENDRICKS Circuit Court

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 425

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.

Female
Medical Examination or Report Dated 7-24-90
Name of Physician J. Balemu, M.D.

MALE APPLICANT

Name Timothy Lee Lathrop
Date of Birth 12/31/58
Place of Birth (State or foreign country) Danville, Ill.
Residence Address 36 1/2 E. Main Brownburg, In.
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. Jessica Megan Lathrop 5 yrs.
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 Keith Latham Lathrop
Residence of father (if deceased, so state) Brownburg, In.
Birthplace of father (State or foreign country) Wisconsin
(b) Full maiden name of applicant's mother Phyllis Caudill
Residence of mother (if deceased, so state) Brownburg, In.
Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name Mary Elizabeth Ashburn
Date of Birth 11/17/64
Place of Birth (State or foreign country) Seymour, In.
Residence Address 36 1/2 E. Main Brownburg, In.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Phyllis L. L. _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of father of dependent children _____
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 Archie Marquart Gossman
Residence of father (if deceased, so state) Brownstown, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Birdie Marie Oldaker
Residence of mother (if deceased, so state) Brownstown, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Tim Lathrop Date 7-27-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Tim Lathrop

New Address Same

Subscribed and sworn to before me this 27th day of July, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

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

Signature of Applicant Mary E Ashburn Date 7-27-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Mary E Ashburn

New Address Same

Subscribed and sworn to before me this 27th day of July, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana 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 HENDRICKS) ss: _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 TIMOTHY LEE LATHROP and MARY ELIZABETH ASHBURN.

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

I, THOMAS G. BRENTON (name), certify that on 7-28-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, TIMOTHY LEE LATHROP of HENDRICKS County, IN (state), and MARY ELIZABETH ASHBURN of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-28-90.

Signed by: /s/ THOMAS G. BRENTON, JUDGE PRO - TEM (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-7-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 426

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.

Female
Medical Examination or Report Dated 7-26-90
Name of Physician Robert O Aiello, M.D.

| MALE APPLICANT | |
|---|---|
| Name | <u>Stephen Michael Cooper</u> |
| Date of Birth | Month <u>10</u> Day <u>24</u> Year <u>66</u> |
| Place of Birth (State or foreign country) | <u>Danville, In.</u> |
| Residence Address | Street or R.R. <u>2783 N 300 E</u> City <u>Danville</u> County <u>In.</u> State <u>In.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's Lic.</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>Stephen Eugene Cooper</u> |
| Residence of father (if deceased, so state) | <u>Florida</u> |
| Birthplace of father (State or foreign country) | <u>Indiana</u> |
| (b) Full maiden name of applicant's mother | <u>Sharon Marie Lange</u> |
| Residence of mother (if deceased, so state) | <u>Danville, In.</u> |
| Birthplace of mother (State or foreign country) | <u>Indiana</u> |

| FEMALE APPLICANT | |
|--|---|
| Name | <u>Annette Faith Graham</u> |
| Date of Birth | Month <u>7</u> Day <u>11</u> Year <u>67</u> |
| Place of Birth (State or foreign country) | <u>Indianapolis, In.</u> |
| Residence Address | Street or R.R. <u>Rt 1 Box 327</u> City <u>Pittsboro</u> County <u>In.</u> State <u>In.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's Lic.</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>Aubrey Billie Graham</u> |
| Residence of father (if deceased, so state) | <u>Pittsboro, In.</u> |
| Birthplace of father (State or foreign country) | <u>W. Va.</u> |
| (b) Full maiden name of applicant's mother | <u>Klaire Mae Hatcher</u> |
| Residence of mother (if deceased, so state) | <u>Pittsboro, In.</u> |
| Birthplace of mother (State or foreign country) | <u>W. Va.</u> |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Stephen Michael Cooper Date 7-27-90

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

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
County of _____)

Signed Stephen Michael Cooper
New Address _____

Subscribed and sworn to before me this 27th day of July, 19 90
Cornie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Annette Faith Graham Date 7/27/90

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

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
County of _____)

Signed Annette Faith Graham
New Address _____

Subscribed and sworn to before me this 27th day of July, 19 90
Cornie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 STEPHEN MICHAEL COOPER and ANNETTE FAITH GRAHAM.

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

I, ANDREW J. SIMKINS (name), certify that on 9-15-90 (date), at DANVILLE in HENDRICKS County, Indiana, STEPHEN MICHAEL COOPER of HENDRICKS County, IN (state), and ANNETTE FAITH GRAHAM of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-15-90.

Signed by: /s/ ANDREW J. SIMKINS MINSITER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-18-90 (date).

Signed Cornie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 427
File _____
Date of Application 7-30-90

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 7-25-90
Name of Physician Dr. Spaulis

| MALE APPLICANT | |
|---|---|
| Name | First <u>Kevin</u> Middle <u>E.</u> Last <u>Patton</u> |
| Date of Birth | Month <u>7</u> Day <u>25</u> Year <u>63</u> |
| Place of Birth (State or foreign country) | <u>Dearborn, Mich.</u> |
| Residence Address | Street or R.R. <u>1028 Cedar Run Dr. S.</u> City <u>Deerpark</u> State <u>Ind.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Driver's Lic.</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>Ronald E. Patton</u> Residence of father (if deceased, so state) <u>Deerpark, Ind.</u> Birthplace of father (State or foreign country) <u>Deerpark, Ind.</u> (b) Full maiden name of applicant's mother <u>Judith L. Folwer</u> Residence of mother (if deceased, so state) <u>Deerpark, Ind.</u> Birthplace of mother (State or foreign country) <u>Mortonsville</u> |

| FEMALE APPLICANT | |
|---|--|
| Name | First <u>Andrea</u> Middle <u>M.</u> Last <u>Campbell</u> |
| Date of Birth | Month <u>9</u> Day <u>24</u> Year <u>65</u> |
| Place of Birth (State or foreign country) | <u>Beach Grove, Indiana</u> |
| Residence Address | Street or R.R. <u>7777 E. Yale Ave.</u> City <u>Denver</u> State <u>Colo</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Driver's Lic.</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>David L. Campbell</u> Residence of father (if deceased, so state) <u>Deerpark, Ind.</u> Birthplace of father (State or foreign country) <u>Deerpark, Ind.</u> (b) Full maiden name of applicant's mother <u>Joan Brown</u> Residence of mother (if deceased, so state) <u>Deerpark, Ind.</u> Birthplace of mother (State or foreign country) <u>Deerpark, Ind.</u> |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Kevin E. Patton Date 7-30-90

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

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
X Signed Kevin E. Patton
New Address 7777 E. Yale Ave. K-301 Denver, Co.
Subscribed and sworn to before me this 30 day of July, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

Clerk

ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Andrea M. Campbell Date 7-30-90

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

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
X Signed Andrea M. Campbell
New Address 7777 E. Yale Ave K-301 Denver
Subscribed and sworn to before me this 30 day of July, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-30-90, authorizing the marriage of KEVIN E. PATTON and 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 INDIANAPOLIS in MARION County, Indiana, KEVIN E. PATTON of ARAPHOE County, COLORADO (state), and ANDREN M. CAMPBELL 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 8-4-90.

Signed by: /s/ MYRON BARNARD, JUDGE (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-7-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 428

File

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 7-20-90
Name of Physician E. Clark, M.D.

MALE APPLICANT

Name Stephen Joseph Sommer
Date of Birth 6 Month 22 Day 51 Year
Place of Birth (State or foreign country) Decatur, Ill.
Residence Address 512 Lakeshore Dr. Plainfield, Ind.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Illinois Lic.

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

5. List the full names of any dependent children. Catherine Sommer 14 yrs
Stephanie J. Sommer 12 yrs Robert Joseph Sommer 10 yrs
Bryan Matthew Sommer 8 yrs

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 Marion Joseph Sommer
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of applicant's mother Catherine Louise Madia
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name Elizabeth Ann Klein
Date of Birth 4 Month 29 Day 43 Year
Place of Birth (State or foreign country) St. Wayne, Ind.
Residence Address 512 Lakeshore Dr. Plainfield, Ind.
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Illinois Lic.

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

5. List the full names of any dependent children. _____

6. (a) Full name of father of dependent children _____
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 John Zakli
Residence of father (if deceased, so state) St. Wayne, Ind.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Ruth Eliene Mansfield
Residence of mother (if deceased, so state) St. Wayne, Ind.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Stephen Joseph Sommer Date 7-31-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Same Stephen Joseph Sommer

New Address Same

Subscribed and sworn to before me this 31st day of July, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss: _____

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Elizabeth A. Klein Date 7/31/90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Same Elizabeth A. Klein

New Address Same

Subscribed and sworn to before me this 31st day of July, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss: _____

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-31-90, authorizing the marriage of STEPHEN JOSEPH SOMMERS and ELIZABETH ANN KLEIN.

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

I, JOHN MARMUREANU (name), certify that on 8-18-90 (date), at ST. MICHAEL & GABRIEL in HENDRICKS County, Indiana, STEPHEN JOSEPH SOMMERS of HENDRICKS County, IN (state), and ELIZABETH ANN SLEIN of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-18-90.

Signed by: /s/ JOHN MARMUREANU, PRIEST (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-16-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 429

File

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 7-27-90
Name of Physician Stephen Neger, M.D.

MALE APPLICANT

Name Ken Roy Swalley
Date of Birth Month 3 Day 5 Year 63
Place of Birth (State or foreign country) Danville, In.
Residence Address Street or R.R. City County State 1831 S Smith Rd, Indpls, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Census Rec.
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father of dependent children
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 Ken Roy Swalley
Residence of father (if deceased, so state) Indpls, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Anna Bee Single
Residence of mother (if deceased, so state) Indpls, In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Carin Melinda Aycock
Date of Birth Month 7 Day 25 Year 65
Place of Birth (State or foreign country) Memphis, In.
Residence Address Street or R.R. City County State 36 Purpusa Dr, Danville, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Census Rec.
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father of dependent children
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 Marshall Earl Aycock
Residence of father (if deceased, so state) Arkansas
Birthplace of father (State or foreign country) Tenn.
(b) Full maiden name of applicant's mother Beverly June Webster
Residence of mother (if deceased, so state) Danville, In.
Birthplace of mother (State or foreign country) New Jersey

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kenneth Date 7-31-90

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

Clerk of Court Date

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Ken Swalley
New Address Same

Subscribed and sworn to before me this 31st day of July, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Carin M Aycock Date 7-31-90

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

Clerk of Court Date

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Carin M Aycock
New Address 1831 S Smith Rd

Subscribed and sworn to before me this 31st day of July, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana 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 HENDRICKS) ss:

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-31-90, authorizing the marriage of KEN ROY SWALLEY and CARIN MELINDA AYCOCK.

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

I, WILLIAM P. HENDRICKS (name), certify that on 8-1-90 (date), at WASHINGTON TOWNSHIP in HENDRICKS County, Indiana, KEN ROY SWALLEY of HENDRICKS County, IN (state), and CARIN MELINDA AYCOCK of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-31-90

Signed: /s/ WILLIAM P. HENDRICKS MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-2-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 430

File _____

HENDRICKS County7-31-90
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 R. Stappeler

MALE APPLICANT

Name Roy First A. Middle Johnson Last
Date of Birth 8 Month 14 Day 60 Year
Place of Birth (State or foreign country) IL
Residence Address Same Street or R.R. City County State
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

- 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 Roy A. Johnson Jr.
Residence of father (if deceased, so state) Danville IL
Birthplace of father (State or foreign country) IL
 - Full maiden name of applicant's mother Josephine Ann High
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) IL

FEMALE APPLICANT

Name Marla First B. Middle Davis Last
Date of Birth 8 Month 20 Day 63 Year
Place of Birth (State or foreign country) IN
Residence Address R.R. 1 Box 414 Danville 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) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children. Nichole Marie

- 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 Marvin Dale Colton
Residence of father (if deceased, so state) Indpls. IN
Birthplace of father (State or foreign country) IN
 - Full maiden name of applicant's mother Janet Loree Brown
Residence of mother (if deceased, so state) Monrovia IN
Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

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

Signature of Applicant [Signature] Date 7-31-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed [Signature]

New Address _____

Subscribed and sworn to before me this 31 day of July, 1990
Ronnie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant [Signature] Date 7-31-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed [Signature]

New Address _____

Subscribed and sworn to before me this 31 day of July, 1990
Ronnie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-31-90, authorizing the marriage of ROY A. JOHNSON III and MARLA G. DAVIS.

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

I, CONNIE TATE (name), certify that on 7-31-90 (date), at DANVILLE in HENDRICKS County, Indiana, ROY A. JOHNSON III of HENDRICKS County, IN (state), and MARLA G. DAVIS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-31-90.

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

Filed and recorded in accordance with the laws of the State of Indiana on 7-31-90 (date).

Signed [Signature] 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

No. 431

File _____

Date of Application 7-31-90

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 7-5-90Name of Physician Nicholas N. Proctor

MALE APPLICANT

Name David Wesley Houck
Date of Birth May 24 1964
Place of Birth (State or foreign country) Standish Michigan Arenal Co.
Residence Address 15725 Old 441 Rd Standish, Florida
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Sec. Sec. Card

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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.
Jessie Lynn Houck
- (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) _____
- (a) Full name of applicant's father Carlton Eugene Houck
Residence of father (if deceased, so state) Dec.
Birthplace of father (State or foreign country) Standish, Mi
(b) Full maiden name of applicant's mother Joyce Ann Mora
Residence of mother (if deceased, so state) Dec.
Birthplace of mother (State or foreign country) Standish, Mi.

FEMALE APPLICANT

Name Deloris Rena Duncan
Date of Birth December 17 1973
Place of Birth (State or foreign country) Standish Michigan Willford Co.
Residence Address 10063 Craighurst Rd #1 Elmont 46234
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) Copied

- Are you now 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 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? No ☒ Yes ☐
- List the full names of any dependent children.
None
- (a) Full name of father of dependent children Robert Duwayne Duncan
Residence of father (if deceased, so state) Dec.
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) _____
- (a) Full name of applicant's father Robert Duwayne Duncan
Residence of father (if deceased, so state) Michigan
Birthplace of father (State or foreign country) Michigan
(b) Full maiden name of applicant's mother William Cothran Copron
Residence of mother (if deceased, so state) Michigan
Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

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

Signature of Applicant David W Houck Date 7-31-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed David W Houck
New Address 55610 Light Fl Rd Astor FL 32102

Subscribed and sworn to before me this 31st day of July, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

ACKNOWLEDGMENT

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

Signature of Applicant Deloris Duncan Date 7-31-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Deloris R. Duncan
New Address 55610 Lightfoot DR Astor, FL 32102

Subscribed and sworn to before me this 31st day of July, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-31-90, authorizing the marriage of DAVID WESLEY HOUCK and 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 Circuit 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 8-20-90 (date).

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 432

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 B. Hammell

| MALE APPLICANT | | FEMALE APPLICANT | |
|--|--|--|--|
| Name | First <u>Timothy</u> Middle <u>Wayne</u> Last <u>Franklin</u> | Name | First <u>Deborah</u> Middle <u>Lynne</u> Last <u>Hickam</u> |
| Date of Birth | Month <u>10</u> Day <u>20</u> Year <u>65</u> | Date of Birth | Month <u>11</u> Day <u>30</u> Year <u>65</u> |
| Place of Birth (State or foreign country) | <u>IN</u> | Place of Birth (State or foreign country) | <u>MO.</u> |
| Residence Address | Street or R.R. <u>1939 W. Morris St.</u> City <u>PLD.</u> County <u>PLD.</u> State <u>IN</u> | Residence Address | Street or R.R. <u>529 ELMOR</u> City <u>PLD.</u> County <u>PLD.</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> | Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> | If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 father | <u>Robert Wayne Franklin</u> | 7. (a) Full name of applicant's father | <u>Michael Dean Hickam</u> |
| Residence of father (if deceased, so state) | <u>PLD. IN</u> | Residence of father (if deceased, so state) | <u>PLD. IN</u> |
| Birthplace of father (State or foreign country) | <u>IN</u> | Birthplace of father (State or foreign country) | <u>MO.</u> |
| (b) Full maiden name of applicant's mother | <u>Sharon Marie Snedaker</u> | (b) Full maiden name of applicant's mother | <u>Kathleen Sue Davis</u> |
| Residence of mother (if deceased, so state) | <u>Same</u> | Residence of mother (if deceased, so state) | <u>Same</u> |
| Birthplace of mother (State or foreign country) | <u>IN</u> | Birthplace of mother (State or foreign country) | <u>MO.</u> |
| 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 <u>Tim Franklin</u> Date _____ | | Signature of Applicant <u>Deborah L. Hickam</u> Date <u>8-1-90</u> | |
| 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Tim Franklin</u> | | Signed <u>Deborah L. Hickam</u> | |
| New Address _____ | | New Address <u>5186 BELLEISLE CT. PLD. IN</u> | |
| Subscribed and sworn to before me this <u>21</u> day of <u>Aug</u> , 19 <u>90</u> | | Subscribed and sworn to before me this <u>1</u> day of <u>Aug</u> , 19 <u>90</u> | |
| <u>Loanne Johnson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | <u>Loanne Johnson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: | | State of Indiana <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

I 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 TIMOTHY D. FRANKLIN and DEBORAH L. HICKAM.

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

I, RICHARD ZORE (name), certify that on 8-25-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, TIMOTHY D. FRANKLIN of HENDRICKS County, IN (state), and DEBORAH L. HICKAM of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-25-90.

Signed by: /s/ RICHARD ZORE, ROMAN CATHOLIC PRIEST (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-28-90 (date).

Signed Loanne Johnson 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

No. 433

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 7-30-90
Name of Physician Eric Clark

| MALE APPLICANT | | | | |
|---|---|------------------|--------|-------|
| Name | First | Middle | Last | |
| | David | Russell | Rader | |
| Date of Birth | Month | Day | Year | |
| | May | 30 | 1967 | |
| Place of Birth (State or foreign country) | Indianapolis, In. | | | |
| Residence Address | Street or R.R. | City | County | State |
| | 4650 Winters Road | Plainsville, In. | 46168 | |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR | | | |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) Birth Certificate | | | |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | |
| | If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 2. | Are you related to the female applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 5. | List the full names of any dependent children. No | | | |
| 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 Russell LeRoy Rader, Jr. | | | |
| | Residence of father (if deceased, so state) Indiana | | | |
| | Birthplace of father (State or foreign country) Indiana | | | |
| | (b) Full maiden name of applicant's mother Char Lotte Ruth Murphy | | | |
| | Residence of mother (if deceased, so state) Indiana | | | |
| | Birthplace of mother (State or foreign country) Indiana | | | |

| FEMALE APPLICANT | | | | |
|---|---|-----------------|-------------|-------|
| Name | First | Middle | Last | |
| | Alice | Michelle | Branstetter | |
| Date of Birth | Month | Day | Year | |
| | August | 7 | 1971 | |
| Place of Birth (State or foreign country) | Indianapolis, Indiana | | | |
| Residence Address | Street or R.R. | City | County | State |
| | 30 Densley Lane | Blacksburg, In. | 46132 | |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR | | | |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) Birth Certificate | | | |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | |
| | If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 2. | Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 5. | List the full names of any dependent children. No | | | |
| 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 Robert E. Branstetter | | | |
| | Residence of father (if deceased, so state) Tennessee | | | |
| | Birthplace of father (State or foreign country) Tennessee | | | |
| | (b) Full maiden name of applicant's mother Alice T. Aytes | | | |
| | Residence of mother (if deceased, so state) Indiana | | | |
| | Birthplace of mother (State or foreign country) Tennessee | | | |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant David Rader Date 8/1/90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed David Rader

New Address _____

Subscribed and sworn to before me this 1st day of Aug, 19 90
Cornie Gauson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Michelle Branstetter Date 8-1-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Michelle Branstetter

New Address _____

Subscribed and sworn to before me this 1st day of Aug, 19 90
Cornie Gauson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 DAVID RUSSELL RADER and ALICE MICHELLE BRANSTETTER.

I further certify that the following marriage certificate was filed in my office:
I, ORVAL V. SUTTON (name), certify that on 8-4-90 (date), at INDIANAPOLIS in MARION County, Indiana, DAVID RUSSELL RADER of HENDRICKS County, IN (state), and ALICE MICHELLE BRANSTETTER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-4-90.

Signed by: /s/ ORVAL SUTTON MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-9-90 (date).

Signed Cornie Gauson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 434

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 N/A

MALE APPLICANT

Name Richard First Elmer Middle Klein Last
Date of Birth 8 Month 8 Day 38 Year
Place of Birth (State or foreign country) IND
Residence Address Same Street or R.R. City County State
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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. Jane, Holly, Richard Jr.

- (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) _____
- (a) Full name of applicant's father Elmer Elmer Klein
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Ind
(b) Full maiden name of applicant's mother Madge Francis Burns
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Ind

FEMALE APPLICANT

Name Rita First Francis Middle Jenkins Last
Date of Birth 3 Month 13 Day 25 Year
Place of Birth (State or foreign country) IND
Residence Address 216 Anderson Blvd. P.O. Box 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) SS# 316-328298

- Are you now 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 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? No ☒ Yes ☐
- List the full names of any dependent children. Maureen, Barbara, Donald, Belinda

- (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) _____
- (a) Full name of applicant's father James Joseph Mangham
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Ireland
(b) Full maiden name of applicant's mother Barbara Marie Sims
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

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

Signature of Applicant Richard E. Klein Date 8-1-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Richard E. Klein

New Address _____

Subscribed and sworn to before me this 1 day of Aug, 1990
Bonnie Spence Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Rita L. Jenkins Date _____

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

Clerk of Court _____ Date 8-1-90

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Rita L. Jenkins

New Address _____

Subscribed and sworn to before me this 1 day of Aug, 1990
Bonnie Spence Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 RICHARD E. KLEIN and RITA F. JENKINS.

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

I, CYNTHIA J. SPENCE (name), certify that on 8-1-90 (date), at DANVILLE in HENDRICKS County, Indiana, RICHARD E. KLEIN of HENDRICKS County, IN (state), and RITA F. JENKINS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-1-90.

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 8-1-90 (date).

Signed Bonnie Spence Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 435 343
File _____
Date of Application 8-1-90

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 7-30-90
Name of Physician John Schaefer MD

| MALE APPLICANT | |
|---|---|
| Name | <u>Joseph Anthony Carter</u> |
| Date of Birth | Month <u>2</u> Day <u>1</u> Year <u>61</u> |
| Place of Birth (State or foreign country) | <u>Indianapolis, In.</u> |
| Residence Address | Street or R.R. <u>9395 E 400 N</u> City <u>Brownsville</u> County <u>In.</u> State <u>In.</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>Joseph A. Carter II 10 yrs</u> <u>Christine Carter 8 yrs</u> |
| 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 | <u>Robert George Carter Sr.</u> |
| Residence of father (if deceased, so state) | <u>Cleaudale, In.</u> |
| Birthplace of father (State or foreign country) | <u>Indiana</u> |
| (b) Full maiden name of applicant's mother | <u>Mary Carolyn Leimgruber</u> |
| Residence of mother (if deceased, so state) | <u>Deceased</u> |
| Birthplace of mother (State or foreign country) | <u>Indiana</u> |

| FEMALE APPLICANT | |
|--|---|
| Name | <u>Judith Maureen Jones</u> |
| Date of Birth | Month <u>11</u> Day <u>7</u> Year <u>58</u> |
| Place of Birth (State or foreign country) | <u>Indianapolis, In.</u> |
| Residence Address | Street or R.R. <u>9395 E 400 N</u> City <u>Brownsville</u> County <u>In.</u> State <u>In.</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's Lic.</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>Robert Hughes Jones</u> |
| Residence of father (if deceased, so state) | <u>Indianapolis In</u> |
| Birthplace of father (State or foreign country) | <u>Ind.</u> |
| (b) Full maiden name of applicant's mother | <u>Nancy Helen Harris</u> |
| Residence of mother (if deceased, so state) | <u>Indpls. In.</u> |
| Birthplace of mother (State or foreign country) | <u>Indiana</u> |

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Joseph A. Carter Date 8/1/90

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 _____

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Judith Maureen Jones Date 8/1/90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

County of _____)

Signed Joseph A. Carter

New Address _____

Subscribed and sworn to before me this 1st day of Aug, 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

County of _____)

Signed Judith Maureen Jones

New Address 9395 E. 400 N Brownsville

Subscribed and sworn to before me this 1st day of Aug, 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss: _____

County of _____)

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JOSEHP ANTHONY CARTER and 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 in HAMILTON County, Indiana, JOSEPH ANTHONY CARTER of HENDRICKS County, IN (state), and JUDITH MAUREEN JONES of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 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).

Signed Connie Lawson Clerk HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 436

File _____

HENDRICKS CountyDate of Application 8-1-90

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 Dr. John

| MALE APPLICANT | | | | | |
|---|----------------|--------|--------|-------|--|
| Name | First | Middle | Last | | |
| Date of Birth | Month | Day | Year | | |
| Place of Birth (State or foreign country) | | | | | |
| Residence Address | Street or R.R. | City | County | State | |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. file</u> | | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 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 applicant's father <u>Robert Lee Jones</u> | | | | | |
| Residence of father (if deceased, so state) <u>Phys. Ill.</u> | | | | | |
| Birthplace of father (State or foreign country) <u>MO or Kansas</u> | | | | | |
| (b) Full maiden name of applicant's mother <u>Lyndia Jo Cooper</u> | | | | | |
| Residence of mother (if deceased, so state) <u>Same</u> | | | | | |
| Birthplace of mother (State or foreign country) <u>MO</u> | | | | | |

| FEMALE APPLICANT | | | | | |
|---|----------------|--------|--------|-------|--|
| Name | First | Middle | Last | | |
| Date of Birth | Month | Day | Year | | |
| Place of Birth (State or foreign country) | | | | | |
| Residence Address | Street or R.R. | City | County | State | |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. file</u> | | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 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 applicant's father <u>Charles Edward Foggatt</u> | | | | | |
| Residence of father (if deceased, so state) <u>Phys. Ill.</u> | | | | | |
| Birthplace of father (State or foreign country) <u>(C)</u> | | | | | |
| (b) Full maiden name of applicant's mother <u>Sandra Jean Klingensmith</u> | | | | | |
| Residence of mother (if deceased, so state) <u>Same</u> | | | | | |
| Birthplace of mother (State or foreign country) <u>(C)</u> | | | | | |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 John R. Jones Date 8-1-90

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

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
County of _____
Signed X John R. Jones
New Address _____
Subscribed and sworn to before me this 1 day of Aug., 19 90
Connie Dawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Pamela J. Foggatt Date 8-1-90

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

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
County of _____
Signed X Pamela J. Foggatt
New Address _____
Subscribed and sworn to before me this 1 day of Aug., 19 90
Connie Dawson Clerk of the HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 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 on 8-11-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, JOHN R. JONES of HENDRICKS County, IN (state), and PAMELA J. FOGGATT of HENDRICKS County,

IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-11-90

Signed by: /s/ STEPHEN WHITE MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-14-90 (date).

Signed Connie Dawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 437

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 7-30-90
Name of Physician David B. Haggard, M.D.

MALE APPLICANT

Name Sheldon Ray Cooper
Date of Birth Month 7 Day 11 Year 69
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R.R. City County State
8060 Beech Grove Rd. Martinsville, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Records Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father of dependent children
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 Sheldon Clyde Cooper
Residence of father (if deceased, so state) Martinsville, In.
Birthplace of father (State or foreign country) Tenn.
(b) Full maiden name of applicant's mother Shirley Grace Stephens
Residence of mother (if deceased, so state) Martinsville, In.
Birthplace of mother (State or foreign country) Tenn.

FEMALE APPLICANT

Name Ronne Jo Myers
Date of Birth Month 9 Day 28 Year 67
Place of Birth (State or foreign country) Danville, In.
Residence Address Street or R.R. City County State
R.R. #2 Box 435-A Clayton, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Records Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father of dependent children
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 Ronald William Myers
Residence of father (if deceased, so state) Clayton, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Sandra Jo Mitchell
Residence of mother (if deceased, so state) Clayton, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Sheldon R. Cooper Date 8-1-90

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

Clerk of Court Date

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Sheldon R. Cooper

New Address

Subscribed and sworn to before me this 1st day of Aug, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Ronne Jo Myers Date 8-1-90

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

Clerk of Court Date

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Ronne Jo Myers

New Address

Subscribed and sworn to before me this 1st day of Aug, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 SHELDON RAY COOPER and RONNE JO MYERS.

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

I, DELBERT COTTRELL (name), certify that on 8-4-90 (date), at HAZELWOOD in HENDRICKS County, Indiana, SHELDON RAY COOPER of MORGAN County, IN (state), and RONNE JO MYERS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 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 Connie Lawson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 438

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 8-1-90

Name of Physician Michael J. Bourke

MALE APPLICANT

Name First Middle Last Joe Thomas Matthews IV
Date of Birth Month Day Year 2 11 1967
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R.R. City County State 1638 Shiloh Rd., Indpls, In 46234
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 _____

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 Joe T. Matthews, III
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Missouri
(b) Full maiden name of applicant's mother Kathleen S. Whitsett
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last Katrina Lynn Pozeck
Date of Birth Month Day Year 2 19 1966
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State 1638 Shiloh Rd., Indpls, In 46234
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 ☐
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 applicant's father John Pozeck
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Hong Kong
(b) Full maiden name of applicant's mother Arlene Brow
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant N/A Date _____

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

Clerk of Court _____ Date _____

ACKNOWLEDGMENT

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

Signature of Applicant N/A Date _____

The above applicant has 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 Joe T. Matthews IV

New Address 1638 Shiloh Rd. Indpls, Ind.

Subscribed and sworn to before me this 1st day of August, 1990
Connie Johnson Clerk of the HENDRICKS Circuit Court

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Katrina L Pozeck

New Address 1638 Shiloh Rd.

Subscribed and sworn to before me this 1st day of August, 1990
Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JOE THOMAS MATTHEWS IV and

KATRINA LYNN POZECK

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

I, H. THOMAS PITCHER (name), certify that on 8-25-90 (date), at DANVILLE in HENDRICKS County, Indiana, JOE THOMAS MATTHEWS IV of HENDRICKS County, IN (state), and KATRINA LYNN POZECK of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-1-90

Signed by: /s/ H. THOMAS PITCHER MINISTER (official designation)

8-27-90

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

Signed Connie Johnson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 439

347

File _____

HENDRICKS County

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 8-2-90
Name of Physician Philip Batista, M.D.

MALE APPLICANT

Name David First Philip Middle Cole Last
Date of Birth 9 Month 31 Day 1966 Year
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State
1336 Heywood St., Brownsburg, In.
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 ☐
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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Philip Douglas Cole
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Denise Jean Simms
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Jessica First Lynne Middle Cooper Last
Date of Birth 10 Month 7 Day 1965 Year
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State
26 Burns Dr., Brownsburg, In.
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Richard Quinton Cooper
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Gylith Jean Britton
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant N/A Date 8-2-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed David Philip Cole

New Address 233 Meadows Lane #4 Carmel, In. 46032

Subscribed and sworn to before me this 2nd day of Aug., 1990
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss: _____

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant N/A Date 8-2-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jessica Lynne Cooper

New Address 233 Meadows Lane #4 Carmel, In. 46032

Subscribed and sworn to before me this 2nd day of Aug., 1990
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss: _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JESSICA LYNN COOPER.

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

I, STEVEN T. REEVES (name), certify that on 8-11-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, DAVID PHILIP COLE of HENDRICKS County, IN (state), and JESSICA LYNN COOPER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-2-90.

Signed by: /s/ STEVEN T. REEVES, PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-15-90 (date).

Signed Connie Dawson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 440

File

Date of Application Aug 2 1990

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

Female

Medical Examination or Report Dated 8-1-90Name of Physician Bruce Beatty

MALE APPLICANT

Name James Michael Dixon
Date of Birth June 12 1952
Place of Birth (State or foreign country) Orange Co. In.
Residence Address 314 S. School St. Brownsburg, In.
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 ☐
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. none
- (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) _____
- (a) Full name of applicant's father James Russell Dixon
Residence of father (if deceased, so state) Paoli, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Rose Akers
Residence of mother (if deceased, so state) Paoli, In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Martha Sue Walker
Date of Birth June 30 1950
Place of Birth (State or foreign country) Maine Florida
Residence Address 314 S. School St. Brownsburg In.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Married

- Are you now 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 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? No ☒ Yes ☐
- List the full names of any dependent children. Timothy S. Walker - Justin J. Walker - Benjamin E. Walker
- (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) _____
- (a) Full name of applicant's father James Dwight Oakley
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Patricia Ann Franklin
Residence of mother (if deceased, so state) Indpls In.
Birthplace of mother (State or foreign country) Kennesaw

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 James M. Dixon Date 8-2-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed James M. Dixon

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____

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Martha Sue Walker Date 8-2-90

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

Clerk of Court _____ Date _____

State of Indiana 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____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JAMES MICHAEL DIXON and MARTHA SUE WALKER.

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

I, JAMES H. DIXON (name), certify that on 8-18-90 (date), at PAOLI in ORANGE County, Indiana, JAMES MICHAEL DIXON of HENDRICKS County, IN (state), and MARTHA SUE WALKER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-20-90.

Signed by: /s/ JAMES H. DIXON, MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-22-90 (date).

Signed Lois J. Johnson 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

No. 441

File

Date of Application 8-3-90

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 7-27-90
Name of Physician Dr. Howell

MALE APPLICANT

Name Patrick Edward Melville
Date of Birth 9 Month 10 Day 68 Year
Place of Birth (State or foreign country) New York
Residence Address 120 Woodward Ave. New Haven Ct.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Gov. Jones ID. Coast Guard
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. no
6. (a) Full name of father of dependent children _____
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 Patrick Leland Melville
Residence of father (if deceased, so state) New York
Birthplace of father (State or foreign country) New York
(b) Full maiden name of applicant's mother Mary Albate
Residence of mother (if deceased, so state) New York
Birthplace of mother (State or foreign country) New York

FEMALE APPLICANT

Name Teresa Scott
Date of Birth 5 Month 8 Day 63 Year
Place of Birth (State or foreign country) Indiana
Residence Address 4820 Sunset St. Russell In
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 ☐
5. List the full names of any dependent children. no
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 Kenneth Mark Williams
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Donna Jean Collier
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Patrick S Melville Date 3/8/90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Patrick S Melville
New Address 120 Woodward Ave New Haven Ct

Subscribed and sworn to before me this 3 day of Aug, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

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 Teresa Scott
New Address _____

Subscribed and sworn to before me this 3 day of Aug, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 PATRICK EDWARD MELVILLE and TERESSA GAIL SCOTT.

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

I, PHILIP J. GABRIEL (?) (name), certify that on 8-4-90 (date), at 10:30 p.m. in HENDRICKS County, Indiana, PATRICK EDWARD MELVILLE of ULSTER County, NEW YORK (state), and TERESSA GAIL SCOTT 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 8-4-90.

Signed by: /s/ PHILIP J. GABRIEL (?) PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-9-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 442

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 7-24-90Name of Physician Robert Aiello, M.D.

MALE APPLICANT

Name Randall Paul Rhude
Date of Birth 11 Month 23 Day 55 Year
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address RR #1 Box 42 Street or R.R. Lizton, In. City Lizton, In. County Lizton, In. State
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 ☐
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: Paula Rhude 15yo.
Cacey Rhude 11yo.
- (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) _____
- (a) Full name of applicant's father Herbert Rhude
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) N.Y.
(b) Full maiden name of applicant's mother Martha Mae Huddleston
Residence of mother (if deceased, so state) Indpls. In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Rebecca Sue Garland
Date of Birth 7 Month 18 Day 63 Year
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address RR #1 Box 42 Street or R.R. Lizton, In. City Lizton, In. County Lizton, In. State
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☒
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children: Brian Garland 7yrs.
- (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) _____
- (a) Full name of applicant's father Adrie Garland, Jr.
Residence of father (if deceased, so state) Lizton, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Rita Loretta Becker
Residence of mother (if deceased, so state) Lizton, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Randall P. Rhude 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Randall P. Rhude

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____
Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Rebecca Sue Garland 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Rebecca Sue Garland

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____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 RANDALL P. RHUDE and 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 in HENDRICKS County, Indiana, RANDALL P. RHUDE of HENDRICKS County, IN (state), and REBECCA S. GARLAND of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-3-90.

Signed by: /s/ EDWIN S. ROARK MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-22-90 (date).

Signed _____ Clerk
HENDRICKS Circuit Court

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 7-27-90
Name of Physician Steteland

| MALE APPLICANT | |
|---|---|
| Name | First <u>Joseph</u> Middle <u>August</u> Last <u>Vennemann</u> |
| Date of Birth | Month <u>7</u> Day <u>8</u> Year <u>59</u> |
| Place of Birth (State or foreign country) | <u>Ohio</u> |
| Residence Address | Street or P.R. <u>1079 Sharon Dr.</u> City <u>Plainfield</u> State <u>In</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. | List the full names of any dependent children. <u>no</u> |
| 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 <u>Patrick Joseph Vennemann</u> Residence of father (if deceased, so state) <u>deceased</u> Birthplace of father (State or foreign country) <u>Ohio</u> (b) Full maiden name of applicant's mother <u>Beth Ann Koezin</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Ohio</u> |

| FEMALE APPLICANT | |
|---|---|
| Name | First <u>Karen</u> Middle <u>Sue</u> Last <u>Harton</u> |
| Date of Birth | Month <u>10</u> Day <u>26</u> Year <u>58</u> |
| Place of Birth (State or foreign country) | <u>Indiana</u> |
| Residence Address | Street or P.R. <u>1079 Sharon Dr.</u> City <u>Plainfield</u> State <u>In</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. | List the full names of any dependent children. <u>Jason Harton</u> <u>Jessica Harton</u> <u>Beth Harton</u> |
| 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 <u>Donald Herbert Webb</u> Residence of father (if deceased, so state) <u>Kentucky</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u> Peggy Jewel Kries</u> Residence of mother (if deceased, so state) <u>Kentucky</u> Birthplace of mother (State or foreign country) <u>Kentucky</u> |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding 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 | <u>Joseph Vennemann</u> Date <u>8-3-90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed | <u>Joseph Vennemann</u> |
| New Address | _____ |
| Subscribed and sworn to before me this | <u>3</u> day of <u>Aug</u> , 19 <u>90</u> |
| | <u>Corrie Dawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>Karen Harton</u> Date <u>8-3-90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed | <u>Karen Harton</u> |
| New Address | _____ |
| Subscribed and sworn to before me this | <u>3</u> day of <u>Aug</u> , 19 <u>90</u> |
| | <u>Corrie Dawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--|
| We, the parents of this applicant, hereby 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 <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: _____ |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this | _____ day of _____, 19____ |
| | _____ Clerk |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JOSEH AUGUST VENNEMANN and KAREN SUE HARTON.

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

I, DAVID O. ROBINSON (name), certify that on 8-11-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, JOSEPH AUGUST VENNEMANN of HENDRICKS County, IN (state), and KAREN SUE HARTON of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-11-90.

Signed by: /s/ DAVID O. ROBINSON, PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-22-90 (date).

Signed Corrie Dawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 444

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 7-30-90Name of Physician Steven Hinkler

MALE APPLICANT

Name Brian First Joseph Middle Zeigler Last
Date of Birth January Month 5 Day 1957 Year
Place of Birth (State or foreign country) Indiana
Residence Address 6945 E Rd 3507 Brownsburg, Hendricks, In
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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. Brian Adam Zeigler
Jonathan Alan Zeigler
- (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) _____
- (a) Full name of applicant's father John Russell Zeigler
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kansas
(b) Full maiden name of applicant's mother Virginia Rose Zopf
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Cathy First Diana Middle Hinkle Last
Date of Birth August Month 20 Day 1957 Year
Place of Birth (State or foreign country) Indiana
Residence Address 6945 E Rd 3507 Brownsburg, Hendricks, In
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☐ Yes ☐
- List the full names of any dependent children. Jennifer Lynn Woodberg
12 yrs. Julian Diana Hinkle 5 yrs.
- (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) _____
- (a) Full name of applicant's father Marvin Lowell James
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Wanda Jean Brock
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Brian Zeigler 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.

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 Brian Zeigler
New Address SAME

Subscribed and sworn to before me this 3 day of August, 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)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

ACKNOWLEDGMENT

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

Signature of Applicant Cathy D. Hinkle 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.

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 Cathy D. Hinkle
New Address SAME

Subscribed and sworn to before me this 3 day of August, 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)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 BRIAN JOSEPH ZEIGLER and CATHY DIANA HINKLE.

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

I, STEVEN T. REEVES (name), certify that on 8-11-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, BRIAN JOSEPH ZEIGLER of HENDRICKS County, IN (state), and CATHY DIANA HINKLE of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-3-90

Signed by: /s/ STEVEN T. REEVES PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-15-90 (date).

Signed Loanne Spurgeon 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

No. 445
File _____
Date of Application Aug 3 1990

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

| MALE APPLICANT | FEMALE APPLICANT |
|---|---|
| Name <u>John Kevin Willetts</u> | Name <u>Sandra Lee Mills</u> |
| Date of Birth <u>Nov 6 1957</u> | Date of Birth <u>Feb 20 1965</u> |
| Place of Birth (State or foreign country) <u>Ill.</u> | Place of Birth (State or foreign country) <u>Ill.</u> |
| Residence Address <u>Rt 2 Box 185C-57 Pittsboro</u> | Residence Address <u>Rt 2 Box 185C-57 Pittsboro</u> |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. License</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. License</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. <u>Kevin Lee Willetts</u> | 5. List the full names of any dependent children. _____ |
| 6. (a) Full name of father of dependent children <u>Glen W. Willetts</u> Residence of father (if deceased, so state) <u>Indpls. Ill.</u> Birthplace of father (State or foreign country) <u>Ill.</u> | 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) _____ | (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 <u>Glen W. Willetts</u> Residence of father (if deceased, so state) <u>Indpls. Ill.</u> Birthplace of father (State or foreign country) <u>Ill.</u> | 7. (a) Full name of applicant's father <u>Donald T. Mills</u> Residence of father (if deceased, so state) <u>Tolono, Ill.</u> Birthplace of father (State or foreign country) <u>Ill.</u> |
| (b) Full maiden name of applicant's mother <u>Phyllis A. Willetts</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>Ill.</u> | (b) Full maiden name of applicant's mother <u>Jean Beaumont</u> Residence of mother (if deceased, so state) <u>Bloomington, Ill.</u> Birthplace of mother (State or foreign country) <u>Ill.</u> |

| 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 <u>John K. Willetts</u> Date <u>8-3-90</u> | Signature of Applicant <u>Sandra L. Mills</u> Date <u>8-3-90</u> |
| 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed <u>John K. Willetts</u> | Signed <u>Sandra L. Mills</u> |
| New Address _____ | New Address _____ |
| Subscribed and sworn to before me this <u>3</u> day of <u>Aug</u> , 19 <u>90</u> <u>Cornie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | Subscribed and sworn to before me this <u>3</u> day of <u>Aug</u> , 19 <u>90</u> <u>Cornie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of 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 <u>HENDRICKS</u>) ss: _____ | State of Indiana <u>HENDRICKS</u>) 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 _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JOHN KEVIN WILLETTTS and SANDRA LEE MILLS.

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

I, GEORGE PURNELL (name), certify that on 9-15-90 (date), at PITTSBORO in HENDRICKS County, Indiana, JOHN KEVIN WILLETTTS of HENDRICKS County, IN (state), and SANDRA LEE MILLS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-15-90

Signed by: /s/ GEORGE PURNELL PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-18-90 (date).

Signed Cornie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 446

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 7-21-90
Name of Physician T. Roe, M.D.

MALE APPLICANT

Name Charles Zachary Klingsick
Date of Birth 5 29 65
Place of Birth (State or foreign country) Washington Missouri
Residence Address 1753 Centurion Pkwy. Indpls, IN 46260
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

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

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 Charles Elmer Klingsick
Residence of father (if deceased, so state) Yorkville, Ill.
Birthplace of father (State or foreign country) Missouri

(b) Full maiden name of applicant's mother Klizabeth Carral Hallemann
Residence of mother (if deceased, so state) Yorkville, Ill.
Birthplace of mother (State or foreign country) Missouri

FEMALE APPLICANT

Name Kristine Kay Renback
Date of Birth 1 20 66
Place of Birth (State or foreign country) Plymouth, In.
Residence Address 4174 E 350 N Danville, In.
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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 father Levar Ernest Renback
Residence of father (if deceased, so state) Danville, In.
Birthplace of father (State or foreign country) Miss.

(b) Full maiden name of applicant's mother Judith Kay Gates
Residence of mother (if deceased, so state) Danville, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Charles Z. Klingsick 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.

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 Charles Z. Klingsick

New Address 3211 Chadwood Dr. N. 1C, Indpls IN 46260

Subscribed and sworn to before me this 3rd day of Aug, 1990
Cornie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Kristine K Renback 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.

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 Kristine K Renback

New Address 3211 Chadwood Dr N 1C Indpls IN 46260

Subscribed and sworn to before me this 3rd day of Aug, 1990
Cornie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 and KRISTINE KAY RENBACK.

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

I, DISMAS J. VEENEMAN (name), certify that on 9-8-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, CHARLES ZACHARY KLINGSICK of MARION County, IN (state), and KRISTINE KAY RENBACK of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-3-90.

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).

Signed Cornie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 447 355
File _____
Date of Application 8-6-90

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 7-25-90
Name of Physician Paff, D.O.

| MALE APPLICANT | |
|---|---|
| Name | First <u>Eric</u> Middle <u>Eugene</u> Last <u>Smith</u> |
| Date of Birth | Month <u>12</u> Day <u>11</u> Year <u>66</u> |
| Place of Birth (State or foreign country) | <u>Nashville, Tenn.</u> |
| Residence Address | Street or R.R. <u>244 Park Dr.</u> City <u>Sterling</u> County <u>Il.</u> State <u>Il.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Quinn's Lic.</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>Wilbur Eugene Smith</u> Residence of father (if deceased, so state) <u>Greeley, Co.</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Burbara Sue Vogelgesang</u> Residence of mother (if deceased, so state) <u>Greeley, Co.</u> Birthplace of mother (State or foreign country) <u>Indiana</u> |

| FEMALE APPLICANT | |
|---|--|
| Name | First <u>Denise</u> Middle <u>Marie</u> Last <u>Jackson</u> |
| Date of Birth | Month <u>4</u> Day <u>10</u> Year <u>67</u> |
| Place of Birth (State or foreign country) | <u>Indianapolis, In.</u> |
| Residence Address | Street or R.R. <u>108 S. Jefferson</u> City <u>Brownsburg</u> County <u>In.</u> State <u>In.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Quinn's Lic.</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>Donald Henry Jackson</u> Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Phyllis Ann Tahmeier</u> Residence of mother (if deceased, so state) <u>Brownsburg, In.</u> Birthplace of mother (State or foreign country) <u>Indiana</u> |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Eric E. Smith Date 8/6/90

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 _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
Signed Eric E. Smith
New Address same
Subscribed and sworn to before me this 6 day of Aug, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Denise M. Jackson Date 8-6-90

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 _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
Signed Denise M. Jackson
New Address 244 Park Dr. Sterling IL 61081
Subscribed and sworn to before me this 6 day of Aug, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 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 Circuit 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).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 448

File _____

Date of Application 8-7-90

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 8-6-90Name of Physician Dr. Keimberg

MALE APPLICANT

Name Brian First D. Middle Scaggs Last
Date of Birth 9 Month 12 Day 1967 Year
Place of Birth (State or foreign country) CA
Residence Address 3535 W 14th St. Delph. Street or R.R. Delph. City Delph. County Delph. State
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Keimberg

- Are you now 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Arthur Lee Scaggs
Residence of father (if deceased, so state) Delph.
Birthplace of father (State or foreign country) Delph.
(b) Full maiden name of applicant's mother Carolyn Marie Franklin
Residence of mother (if deceased, so state) Delph.
Birthplace of mother (State or foreign country) Delph.

FEMALE APPLICANT

Name Kelly First L. Middle Turner Last
Date of Birth 5 Month 24 Day 1968 Year
Place of Birth (State or foreign country) Ind.
Residence Address 219 Wabash St. Delph. Street or R.R. Delph. City Delph. County Delph. State
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Keimberg

- Are you now 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 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Charles Alfred Turner
Residence of father (if deceased, so state) Delph.
Birthplace of father (State or foreign country) Delph.
(b) Full maiden name of applicant's mother Carol Marie Huddleston
Residence of mother (if deceased, so state) Delph.
Birthplace of mother (State or foreign country) Delph.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Brian D Scaggs Date 8-7-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Brian D Scaggs

New Address _____

Subscribed and sworn to before me this 7 day of Aug., 1990
Bonnie Gowan Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Kelly L. Turner Date 8/7/90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Kelly L. Turner

New Address _____

Subscribed and sworn to before me this 7 day of Aug., 1990
Bonnie Gowan Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 of BRIAN DAVID SCAGGS and KELLY LYNN TURNER.

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

I, JOHN C. PARSLEY (name), certify that on 8-18-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, BRIAN DAVID SCAGGS of MARION County, IN (state), and KELLY LYNN TURNER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-7-90.

Signed by: /s/ JOHN C. PARSLEY BAPTIST PASTOR (official designation)Filed and recorded in accordance with the laws of the State of Indiana on 8-24-90 (date).Signed Bonnie Gowan ClerkHENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 449
File _____
Date of Application 8-7-90

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 7-27-90
Name of Physician Jon R. Hager

| MALE APPLICANT | |
|---|--|
| Name | First <u>Gary</u> Middle <u>Neal</u> Last <u>Sutton</u> |
| Date of Birth | Month <u>7</u> Day <u>25</u> Year <u>1964</u> |
| Place of Birth (State or foreign country) | <u>Indiana</u> |
| Residence Address | Street or R.R. <u>14 Northern Dr.</u> City <u>Hamlet</u> State <u>IN</u> Zip <u>46122</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| | If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>William Cagney Sutton</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Delaware</u> (b) Full maiden name of applicant's mother <u>Nancy Ann Wheeler</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u> |

| FEMALE APPLICANT | |
|---|--|
| Name | First <u>Mary</u> Middle <u>Ann</u> Last <u>Vails</u> |
| Date of Birth | Month <u>8</u> Day <u>16</u> Year <u>1958</u> |
| Place of Birth (State or foreign country) | <u>Missouri</u> |
| Residence Address | Street or R.R. <u>P.O. Box 281</u> City <u>St. Louis</u> State <u>MO</u> Zip <u>63102</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| | If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>Eugene Gilbert Bragnes</u> Residence of father (if deceased, so state) <u>Missouri</u> Birthplace of father (State or foreign country) <u>Wisconsin</u> (b) Full maiden name of applicant's mother <u>Ema Satonic</u> Residence of mother (if deceased, so state) <u>unknown</u> Birthplace of mother (State or foreign country) <u>Yugoslavia</u> |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding 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 | <u>N/A</u> Date <u>8-7-90</u> |
| The above applicant has 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 <u>HENDRICKS</u> ss: _____ |
| Signed | <u>Gary Neal Sutton</u> |
| New Address | <u>P.O. Box 8151, Redstone Arsenal, AL 35808</u> |
| Subscribed and sworn to before me this | <u>7th</u> day of <u>Aug</u> , 19 <u>90</u> |
| Clerk of the | <u>HENDRICKS</u> Circuit Court |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>N/A</u> Date <u>8-7-90</u> |
| The above applicant has 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 <u>HENDRICKS</u> ss: _____ |
| Signed | <u>Mary Ann Vails</u> |
| New Address | <u>P.O. Box 8151, Redstone Arsenal, AL 35808</u> |
| Subscribed and sworn to before me this | <u>7th</u> day of <u>Aug</u> , 19 <u>90</u> |
| Clerk of the | <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--------------------------------------|
| We, the parents of this applicant, hereby 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 <u>HENDRICKS</u> 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 <u>HENDRICKS</u> ss: _____ |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this | _____ day of _____, 19____ |
| Clerk | _____ |

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

| RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE | |
|---|--|
| I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>8-7-90</u> , authorizing the marriage of <u>GARY NEAL SUTTON</u> and <u>MARY ANN VAILS</u> . | |
| I further certify that the following marriage certificate was filed in my office: I, <u>HOWARD CUPP</u> (name), certify that on <u>8-11-90</u> (date), at <u>HADLEY</u> in <u>HENDRICKS</u> County, Indiana, <u>GARY NEAL SUTTON</u> of <u>HENDRICKS</u> County, IN (state), and <u>MARY ANN VAILS</u> of <u>MADISON</u> County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>8-11-90</u> . Signed by: <u>/s/ HOWARD CUPP</u> PASTOR (official designation) Filed and recorded in accordance with the laws of the State of Indiana on <u>8-14-90</u> (date). Signed <u>Connie Spencer</u> Clerk <u>HENDRICKS</u> Circuit Court | |

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 450

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 7-24-90

Name of Physician Eric Clark

| MALE APPLICANT | | FEMALE APPLICANT | |
|---|--|---|--|
| Name | First <u>Rodney</u> Middle <u>Phillip</u> Last <u>Poole</u> | Name | First <u>Laura</u> Middle <u>Kay</u> Last <u>Spears</u> |
| Date of Birth | Month <u>June</u> Day <u>14</u> Year <u>1957</u> | Date of Birth | Month <u>June</u> Day <u>5</u> Year <u>1959</u> |
| Place of Birth (State or foreign country) | <u>Marion Co. Ind.</u> | Place of Birth (State or foreign country) | <u>Marion Co. Indiana</u> |
| Residence Address | Street or R.R. <u>10207 W. Slafford Rd.</u> City <u>Indianapolis</u> State <u>Ind.</u> | Residence Address | Street or R.R. <u>R.R. #1 Box 128C</u> City <u>Cottleville</u> State <u>Ind.</u> |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | Previous Marital Status: Never Married <input type="checkbox"/> OR | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Divorce Decree</u> | | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Divorce Decree</u> | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 5. List the full names of any dependent children. | | 5. List the full names of any dependent children. <u>Jamie Kate Spears, Lacey Rae Spears</u> | |
| 6. (a) Full name of father of dependent children Residence of father (if deceased, so state) Birthplace of father (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) | | (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 <u>Charles Estle Poole</u> Residence of father (if deceased, so state) <u>Indpls. Ind.</u> Birthplace of father (State or foreign country) <u>Indpls. Ind.</u> | | 7. (a) Full name of applicant's father <u>Jack Wilson Hedrick</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> | |
| (b) Full maiden name of applicant's mother <u>Helen Pearl Blanton</u> Residence of mother (if deceased, so state) <u>Indpls. Ind.</u> Birthplace of mother (State or foreign country) <u>Kentucky</u> | | (b) Full maiden name of applicant's mother <u>Doris Lawrence Lippert</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Kentucky</u> | |
| 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 <u>Rodney Poole</u> Date <u>8/8/90</u> | | Signature of Applicant <u>Laura Kay Spears</u> Date <u>8/8/90</u> | |
| 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | | State of Indiana) County of <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Rodney Poole</u> | | Signed <u>Laura Kay Spears</u> | |
| New Address <u>R.R. #1 Box 128C COTTLEVILLE IN</u> | | New Address <u>Same</u> | |
| Subscribed and sworn to before me this <u>8th</u> day of <u>Aug</u> , 19 <u>90</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | Subscribed and sworn to before me this <u>8th</u> day of <u>Aug</u> , 19 <u>90</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: | | State of Indiana) County of <u>HENDRICKS</u>) 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 _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-8-90, authorizing the marriage of RODNEY PHILLIP POOLE and LAURA SPEARS.

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

I, JEFF POOLE (name), certify that on 8-11-90 (date), at 1:30 P.M. in PARKE County, Indiana, RODNEY P. POOLE of HENDRICKS County, IN (state), and LAURA SPEARS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-11-90.

Signed by: /s/ JEFF POOLE MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-21-90 (date).

Signed Connie Lawson 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

No. 451
File _____
Date of Application 8-8-90

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 8-8-90
Name of Physician Alex Baker

MALE APPLICANT

Name John First Medjeski Jr. Middle Jr. Last
Date of Birth 3 Month 22 Day 59 Year
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 3119 N Lakewood In Indpls, In. Street or R.R. City County State
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NONE
6. (a) Full name of father of dependent children _____
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 John Medjeski Sr.
Residence of father (if deceased, so state) Indpls, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Rosemary Gogorda
Residence of mother (if deceased, so state) Indpls, In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Lori First Jr. Middle Dygert Last
Date of Birth July Month 17 Day 1963 Year
Place of Birth (State or foreign country) Detroit Rapids Michigan
Residence Address R.R.#1 Box 355-55 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) Driver's License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NONE
6. (a) Full name of father of dependent children _____
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 Thomas Edgar Dygert
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Michigan
(b) Full maiden name of applicant's mother Betty Marie Smith
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

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

Signature of Applicant John Medjeski Jr. Date 8-21-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed John Medjeski Jr.
New Address _____

Subscribed and sworn to before me this 21st day of Aug. 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

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

Signature of Applicant Lori Jo Dygert Date 8-8-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed Lori Jo Dygert
New Address _____

Subscribed and sworn to before me this 8th day of August 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

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

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 office:

I, DONALD TYLER (name), certify that on 9-29-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, JOHN MEDJESKI JR. of HENDRICKS County, IN (state), and LORI JO DYGERT of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-2-90.

Signed by: /s/ DONALD TYLER MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-2-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 452

File _____

Aug 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 7/25/90
Name of Physician Michael Kelly

MALE APPLICANT

Name John E. Baldwin
Date of Birth Feb 3 1925
Place of Birth (State or foreign country) Putnam Co. Ind.
Residence Address 1010 Prince St. P.O. (West) Ind.
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) driver lic

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Harvey Baldwin
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Elsie May Eubanks
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Linda S. McCloud
Date of Birth Sept 15 1943
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address 11225 W. Washington St. (Marion) Ind.
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) driver lic

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Paul Raymond Heylmann
Residence of father (if deceased, so state) Indpls. Ind.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Phyllis Ora Polkiff
Residence of mother (if deceased, so state) Indpls. Ind.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant John E. Baldwin Date 8-9-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed John E. Baldwin
New Address 11225 W. Washington St. Indpls.

Subscribed and sworn to before me this 9 day of Aug, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Linda S. McCloud Date 8-9-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Linda S. McCloud
New Address 11225 W. Wash. St. Indpls.

Subscribed and sworn to before me this 9 day of Aug, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-9-90, authorizing the marriage of JOHN E. BALDWIN and LINDA S. McCLOUD.

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

I, ALBERT W. MITCHELL (name), certify that on 9-16-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, JOHN E. BALDWIN of HENDRICKS County, IN (state), and LINDA S. McCLOUD of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-16-90.

Signed by: /s/ ALBERT W. MITCHELL, MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-18-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 453
File _____
Date of Application 8-9-90

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 8-8-90
Name of Physician Huggins

| MALE APPLICANT | | | |
|---|----------------|--------|--------------|
| Name | First | Middle | Last |
| Date of Birth | Month | Day | Year |
| Place of Birth (State or foreign country) | | | |
| Residence Address | Street or R.R. | City | County State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 5. List the full names of any dependent children: <u>Jessica Loomis</u> | | | |
| 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 <u>Walter Owen Loomis</u> Residence of father (if deceased, so state) <u>deceased</u> Birthplace of father (State or foreign country) <u>Kansas</u> | | | |
| (b) Full maiden name of applicant's mother <u>Glennell Wigginton</u> Residence of mother (if deceased, so state) <u>same</u> Birthplace of mother (State or foreign country) <u>Utah</u> | | | |

| FEMALE APPLICANT | | | |
|---|----------------|--------|--------------|
| Name | First | Middle | Last |
| Date of Birth | Month | Day | Year |
| Place of Birth (State or foreign country) | | | |
| Residence Address | Street or R.R. | City | County State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 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 applicant's father <u>William E. Floyd</u> Residence of father (if deceased, so state) <u>same</u> Birthplace of father (State or foreign country) <u>Kentucky</u> | | | |
| (b) Full maiden name of applicant's mother <u>Wanda J. Browell</u> Residence of mother (if deceased, so state) <u>Indiana (same)</u> Birthplace of mother (State or foreign country) <u>Indiana</u> | | | |

| ACKNOWLEDGMENT | |
|--|--------------------|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| X Signature of Applicant <u>Steve W. Loomis</u> | Date <u>8-9-90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| X Signed <u>Steve W. Loomis</u> | |
| New Address <u>2613 AMHERST FULLERTON CA. 92631</u> | |
| Subscribed and sworn to before me this <u>9</u> day of <u>Aug.</u> 19 <u>90</u> | |
| <u>Connie Dawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |

| ACKNOWLEDGMENT | |
|--|--------------------|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| X Signature of Applicant <u>Kimberly D. Floyd</u> | Date <u>8-9-90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| X Signed <u>Kimberly D. Floyd</u> | |
| New Address _____ | |
| Subscribed and sworn to before me this <u>9</u> day of <u>Aug.</u> 19 <u>90</u> | |
| <u>Connie Dawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--|
| We, the parents of this applicant, hereby 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 <u>HENDRICKS</u>) 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 _____) ss: | |
| Signed _____ Father | |
| Signed _____ Mother | |
| Subscribed and sworn to before me this _____ day of _____, 19____ | |
| Clerk _____ | |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-9-90, authorizing the marriage of STEVEN WALTER LOOMIS and KIMBERLY DENISE FLOYD.

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

I, ROBERT E. JONES (name), certify that on 8-11-90 (date), at INDIANAPOLIS in HENDRICKS County, Indiana, STEVEN WALTER LOOMIS of ORANGE County, CA (state), and KIMBERLY DENISE FLOYD of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-11-90.

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 Connie Dawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 454

File

Date of Application 8-9-90

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 8-9-90
Name of Physician Helen Superbyen Kuch

| 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 |
| Previous Marital Status: Never Married <input type="checkbox"/> OR | | | | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | | | | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | 2. Are you related to the male applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | 3. Are you now under the influence of an alcoholic beverage? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | 4. Are you now under the influence of a narcotic drug? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 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 _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | | | | (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) _____ | | | | 7. (a) Full name of applicant's father <u>Ronald Kent Reynolds</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Illinois</u> | | | | | |
| (b) Full maiden name of applicant's mother _____ Residence of mother (if deceased, so state) _____ Birthplace of mother (State or foreign country) _____ | | | | (b) Full maiden name of applicant's mother <u>Donnie Jo Houghton</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u> | | | | | |
| 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 _____ | | | | Signature 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 _____) County of <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | | | | State of Indiana _____) County of <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | | | | | |
| Signed _____ | | | | Signed _____ | | | | | |
| 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 <u>HENDRICKS</u> Circuit Court | | | | Clerk of the <u>HENDRICKS</u> Circuit Court | | | | | |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: | | | | State of Indiana _____) County of <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

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

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

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

Signed by: _____ (official designation)

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

Signed _____ Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 454

File _____

HENDRICKS County

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 8-6-90
Name of Physician David Haggard

| MALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Da file</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>Neal Kirk Alexander</u> Residence of father (if deceased, so state) <u>Madison Ind</u> Birthplace of father (State or foreign country) <u>IND</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Susan Deborah Hays</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IND</u> | | | | |

| FEMALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Da file</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>Paul Franklin Lawson</u> Residence of father (if deceased, so state) <u>Madison Ind</u> Birthplace of father (State or foreign country) <u>VA</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Sarah Elizabeth Jackson</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IND or VA</u> | | | | |

| ACKNOWLEDGMENT | |
|--|------------|
| I acknowledge that I have received information regarding 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 <u>James M Alexander</u> | Date _____ |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court _____ | Date _____ |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>X James M Alexander</u> | |
| New Address _____ | |
| Subscribed and sworn to before me this <u>10</u> day of <u>Aug</u> , 19 <u>90</u> <u>Connie Dawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |

| ACKNOWLEDGMENT | |
|--|---------------------|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant <u>Kimberly K Lawson</u> | Date <u>8-10-90</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court _____ | Date _____ |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>X Kimberly K Lawson</u> | |
| New Address _____ | |
| Subscribed and sworn to before me this <u>10</u> day of <u>Aug</u> , 19 <u>90</u> <u>Connie Dawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I 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 JAMES MICHAEL ALEXANDER and KIMBERLY KAY LAWSON.

I further certify that the following marriage certificate was filed in my office:
I, ANN L. DAVIDSON (name), certify that on 8-11-90 (date), at FAIRFIELD FRIENDS in HENDRICKS County, Indiana, JAMES MICHAEL ALEXANDER of HENDRICKS County, IN (state), and KIMBERLY KAY LAWSON of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-20-90.
Signed by: /s/ ANN L. DAVIDSON MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 8-22-90 (date).

Signed Connie Dawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 455

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 D. Johnson

MALE APPLICANT

Name Jeffrey E. Stafford
Date of Birth 9 Month 21 Day 68 Year
Place of Birth (State or foreign country) CA
Residence Address 1470 N. High St. Danville
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) As filed

- Are you now 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. Stephen Jeffrey Stafford

- 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 Ernest Stafford
Residence of father (if deceased, so state) Danville, IL
Birthplace of father (State or foreign country) IN
 - Full maiden name of applicant's mother Bonnie Lynn Stafford
Residence of mother (if deceased, so state) CA
Birthplace of mother (State or foreign country) OK

FEMALE APPLICANT

Name Erin Elizabeth Roberts
Date of Birth 5 Month 20 Day 73 Year
Place of Birth (State or foreign country) FL
Residence Address 152 N. Kentucky St. Danville
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? No ☒ Yes ☐
- List the full names of any dependent children. None

- 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 Clifford Dale Roberts
Residence of father (if deceased, so state) Danville, IL
Birthplace of father (State or foreign country) W. VA
 - Full maiden name of applicant's mother Elizabeth Ann Condon
Residence of mother (if deceased, so state) Danville, IL
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant Jeffrey E. Stafford Date _____

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

Clerk of Court Connie Johnson Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed X

New Address _____

Subscribed and sworn to before me this 10 day of Aug, 1990
Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Erin E. Roberts Date _____

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Erin E. Roberts

New Address _____

Subscribed and sworn to before me this 10 day of Aug, 1990
Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed Elizabeth A. McKeown Father

Signed X Erin E. Roberts Mother

Subscribed and sworn to before me this 10 day of Aug, 1990
Connie Johnson Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JEFFREY E. STAFFORD and

ERIN E. ROBERTS

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

I, P. MICHAEL THORNBURG (name), certify that on 8-11-90 (date), at DANVILLE in HENDRICKS County, Indiana, JEFFREY E. STAFFORD of HENDRICKS County, IN (state), and ERIN E. ROBERTS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-11-90

Signed by: /s/ P. MICHAEL THORNBURG MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-14-90 (date).

Signed Connie Johnson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 4576File 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 8-6-90
Name of Physician R. Stegemoller MD

MALE APPLICANT

Name David Lee Beck
Date of Birth Month 9 Day 7 Year 54
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address RR #2 Box 176-3 Clayton, In.
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 ☐
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 ☐

5. List the full names of any dependent children. Jason Beck 8 yrs.
Adam Beck 7 yrs.

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 Snider Burton Beck
Residence of father (if deceased, so state) Clayton, In.
Birthplace of father (State or foreign country) Ind. Indiana

(b) Full maiden name of applicant's mother Doris Lee Mayhew
Residence of mother (if deceased, so state) Clayton, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant David Lee Beck 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.

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 David Lee Beck
New Address RR #2 Box 176-3 Clayton

Subscribed and sworn to before me this 10th day of Aug., 19 90
Connie Tausem Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Cathy Lee Fisher
Date of Birth Month 8 Day 17 Year 54
Place of Birth (State or foreign country) Greencastle, In.
Residence Address RR #2 Box 172 Clayton, In.
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 ☒
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? No ☒ Yes ☐

5. List the full names of any dependent children. Scott Fisher 16 yrs.
Christi Fisher 13 yrs.

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 Charles Edward Alltop
Residence of father (if deceased, so state) Clayton, In.
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Betty Jean Winnings
Residence of mother (if deceased, so state) Clayton, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Cathy Lee Fisher 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.

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 Cathy Lee Fisher
New Address RR #2 Box 172-3 Clayton

Subscribed and sworn to before me this 10th day of Aug., 19 90
Connie Tausem Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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).

Signed Connie Tausem Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 457

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 Black Walker Baker

MALE APPLICANT

Name Mark First L. Middle Johnson Last
Date of Birth 6 Month 28 Day 66 Year
Place of Birth (State or foreign country) IN
Residence Address 910 Sutterman Dr. Paoli 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) Da. file

- Are you now 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father William Lee Johnson
Residence of father (if deceased, so state) Paoli Ind.
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of applicant's mother Betty Ann Woods
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name Diana First L. Middle Holzworth Last
Date of Birth 1 Month 30 Day 65 Year
Place of Birth (State or foreign country) IN
Residence Address 10575 N. St 267 Brownsburg 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) Da. file

- Are you now 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 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Robert Lee Holzworth
Residence of father (if deceased, so state) Brownsburg Ind.
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of applicant's mother Bonnie Jean Nicholson
Residence of mother (if deceased, so state) Ind.
Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

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

Signature of Applicant X Mark L. Johnson Date _____

The above applicant has 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 X Mark L. Johnson

New Address _____

Subscribed and sworn to before me this 10 day of Aug. 19 90
Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant X Diana Holzworth Date _____

The above applicant has 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 X Diana Holzworth

New Address 10575 N. St 267 Brownsburg, IN 46110

Subscribed and sworn to before me this 10 day of Aug. 19 90
Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 MARK L. JOHNSON and DIANA L. HOLZWORTH.

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

I, 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. HOLZWORTH of HENDRICKS County, IN (state) were 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/ MICHAEL J. THURMOND PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-14-90 (date).

Signed Connie Johnson 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

No. 458

File _____

HENDRICKS

County

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 8-10-90Name of Physician Dr. Foe

MALE APPLICANT

Name Eric First W. Middle Elliot Last
Date of Birth 3 Month 26 Day 69 Year
Place of Birth (State or foreign country) Indiana
Residence Address 7483 D Rockleigh Ave 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) _____

- Are you now 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: Jonathan Elliott

- (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) _____
- (a) Full name of applicant's father Larry William Elliott
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Rhoda Lee McDaniel
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Diane First Katherine Middle Good Last
Date of Birth 2 Month 6 Day 71 Year
Place of Birth (State or foreign country) Indiana
Residence Address 7483 D Rockleigh Ave 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) _____

- Are you now 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 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Fredrick L. Good
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Ponda L. Cilley
Residence of mother (if deceased, so state) Maine
Birthplace of mother (State or foreign country) Maine

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Eric W. Elliott Date Aug 10 1990

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.

Signed Eric W. ElliottNew Address Same

Subscribed and sworn to before me this 10 day of Aug, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Diane K. Good 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Diane K. GoodNew Address 7483-D Rockleigh Ave

Subscribed and sworn to before me this 10 day of Aug, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 ERIC W. ELLIOTT and DIANE KATHERINE GOOD.

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

I, SILAS V. STILES (name), certify that on 8-11-90 (date), at DANVILLE in HENDRICKS County, Indiana, ERIC W. ELLIOTT of HENDRICKS County, IN (state), and DIANE KATHERINE GOOD of HENDRICKS County, IN (state) were 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/ SILAS V. STILES PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-14-90 (date).

Signed Connie Lawson ClerkHENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 459

File

Aug 10, 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 8/3/90
Name of Physician Karen Johns M.D.

| MALE APPLICANT | FEMALE APPLICANT |
|--|---|
| <p>Name First <u>Robert</u> Middle <u>A.</u> Last <u>Groff</u></p> <p>Date of Birth Month <u>March</u> Day <u>30</u> Year <u>1965</u></p> <p>Place of Birth (State or foreign country) <u>Hendricks Co. In.</u></p> <p>Residence Address Street or R.R. <u>211 Pamela Pkwy</u> City <u>Brownsburg</u> County <u>In.</u> State <u>Ind.</u></p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>driver's lic</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (State or foreign country) _____</p> <p>(b) Full maiden name of mother of dependent children _____ Residence of mother (if deceased, so state) _____ Birthplace of mother (State or foreign country) _____</p> <p>7. (a) Full name of applicant's father <u>Robert C. Groff</u> Residence of father (if deceased, so state) <u>Brownsburg In.</u> Birthplace of father (State or foreign country) <u>Oklahoma</u></p> <p>(b) Full maiden name of applicant's mother <u>Shirley B. Tungate</u> Residence of mother (if deceased, so state) <u>Brownsburg In.</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p> | <p>Name First <u>Paula</u> Middle <u>M.</u> Last <u>Giesecking</u></p> <p>Date of Birth Month <u>May</u> Day <u>2</u> Year <u>1968</u></p> <p>Place of Birth (State or foreign country) <u>Indianapolis In.</u></p> <p>Residence Address Street or R.R. <u>8160 E. 700 N.</u> City <u>Brownsburg</u> County <u>(Hend.) In.</u> State <u>Ind.</u></p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/></p> <p>Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____</p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (State or foreign country) _____</p> <p>(b) Full maiden name of mother of dependent children _____ Residence of mother (if deceased, so state) _____ Birthplace of mother (State or foreign country) _____</p> <p>7. (a) Full name of applicant's father <u>James A. Giesecking</u> Residence of father (if deceased, so state) <u>Brownsburg In.</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Linda L. Laabmann</u> Residence of mother (if deceased, so state) <u>Brownsburg In.</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p> |
| ACKNOWLEDGMENT | ACKNOWLEDGMENT |
| <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Robert A. Groff</u> Date <u>8/10/90</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> | <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Paula Giesecking</u> Date <u>8/10/90</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> |
| <p>State of Indiana) County of <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>Robert A. Groff</u></p> <p>New Address <u>706 LOCUST LAKE, Brownsburg</u></p> <p>Subscribed and sworn to before me this <u>10</u> day of <u>Aug</u>, 19 <u>90</u></p> <p>Clerk of the <u>HENDRICKS</u> Circuit Court</p> | <p>State of Indiana) County of <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>Paula Giesecking</u></p> <p>New Address <u>* SAME *</u></p> <p>Subscribed and sworn to before me this <u>10</u> day of <u>Aug</u>, 19 <u>90</u></p> <p>Clerk of the <u>HENDRICKS</u> Circuit Court</p> |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN | CONSENT OF PARENTS, PARENT, OR GUARDIAN |
| <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana) County of <u>HENDRICKS</u>) ss:</p> <p>Signed _____ Father</p> <p>Signed _____ Mother</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____</p> <p>Clerk</p> | <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana) County of <u>HENDRICKS</u>) ss:</p> <p>Signed _____ Father</p> <p>Signed _____ Mother</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____</p> <p>Clerk</p> |
| <p>COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.</p> | |
| RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE | |
| <p>I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>8/10/90</u>, authorizing the marriage of <u>ROBERT ALLEN GROFF</u> and <u>PAULA MARIE GIESECKING</u>.</p> <p>I further certify that the following marriage certificate was filed in my office:</p> <p>I, <u>LEONARD MAYNARD</u> (name), certify that on <u>8-18-90</u> (date), at <u>BETHESDA BAPTIST CHURCH</u> <u>HENDRICKS</u> County, Indiana, <u>ROBERT ALLEN GROFF</u> of <u>HENDRICKS</u> County, <u>IN</u> (state), and <u>PAULA MARIE GIESECKING</u> of <u>HENDRICKS</u> County, <u>IN</u> (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>8-18-90</u>.</p> <p>Signed by: <u>/s/ LEONARD MAYNARD</u> PASTOR (official designation)</p> <p>Filed and recorded in accordance with the laws of the State of Indiana on <u>8-30-90</u> (date).</p> <p>Signed <u>Barrie Johnson</u> Clerk</p> <p style="text-align: right;"><u>HENDRICKS</u> Circuit Court</p> | |

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 460

File

Date of Application 8-10-90

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 Helen Meyer Eysenbach

MALE APPLICANT

Name First Middle Last
Ernie Eugene Harvey Jr.
Date of Birth Month Day Year
9 15 69
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. City County State
339 N. Brown Bluff Ind.
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 ☐
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.

- 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 Ernie E. Harvey
Residence of father (if deceased, so state) Bluff Ind.
Birthplace of father (State or foreign country) IN
 - Full maiden name of applicant's mother Martha M. Davis
Residence of mother (if deceased, so state) Same (Ind.)
Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name First Middle Last
April Rene Reynolds
Date of Birth Month Day Year
10 1 71
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. City County State
25 Fair Lane Bluff Ind.
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? No ☒ Yes ☐
- List 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 Arnold Kent Reynolds
Residence of father (if deceased, so state) Bluff Ind.
Birthplace of father (State or foreign country) IN
 - Full maiden name of applicant's mother Bonnie Mae Houghton
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Ernie Harvey Jr. Date

The above applicant has 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 X Ernie Harvey Jr.

New Address

Subscribed and sworn to before me this 10 day of Aug., 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)
County of HENDRICKS) ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

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

Signature of Applicant X April Reynolds Date

The above applicant has 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 X April Reynolds

New Address 25 Fair Lane Bluff

Subscribed and sworn to before me this 10 day of Aug., 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)
County of HENDRICKS) ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 ERNIE E. HARVEY JR. and APRIL R. REYNOLDS.

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

I, STEVEN T. REEVES (name), certify that on 10-8-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, ERNIE E. HARVEY JR. of HENDRICKS County, IN (state), and APRIL R. 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 10-8-90

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 Bonnie Davis Clerk
HENDRICKS Circuit Court

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 8-7-90
Name of Physician Jerry Mandel

MALE APPLICANT

Name Steven First Barton Middle Cherry Last
Date of Birth March Month 27 Day 1947 Year
Place of Birth (State or foreign country) Barry, Indiana
Residence Address 53 Oak Kentucky Estates Wheatfield, In. 46392 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) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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. Rodgers Cherry (14)

- (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) _____
- (a) Full name of applicant's father Thomas Cherry
Residence of father (if deceased, so state) California
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Elizabeth Fay
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Amy First Irma Middle Claussen Last
Date of Birth March Month 6 Day 1952 Year
Place of Birth (State or foreign country) Barry, Indiana
Residence Address 432 Allen Drive Brownsburg, In. 46112 Street or R.R. City County State
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children. Share Claussen (10)

- (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) _____
- (a) Full name of applicant's father James J. Louis
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Elizabeth M. Pettig
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Steven Cherry 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Steven Cherry

New Address 432 Allen Drive Brownsburg, IN

Subscribed and sworn to before me this 10th day of August, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Amy Claussen 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Amy Claussen

New Address 432 Allen Drive Brownsburg, In. 46112

Subscribed and sworn to before me this 10th day of Aug., 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 STEVEN BARTON CHERRY and

AMY IRMA CLAUSSEN.

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

I, BRADFORD F. PURDY (name), certify that on 8-18-90 (date), at 5860 W 16th ST. in MARION County, Indiana, STEVEN BARTON CHERRY of JASPER County, IN (state), and AMY IRMA CLAUSSEN of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-18-90.

Signed by: /s/ BRADFORD F. PURDY PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-21-90 (date).

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 462
File Aug. 13 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 Beacon OB-GYN Inc.
Shirley A. Thomas M.D.

| MALE APPLICANT | |
|---|---|
| Name | First <u>James</u> Middle <u>Keith</u> Last <u>Scott</u> |
| Date of Birth | Month <u>August</u> Day <u>30</u> Year <u>1964</u> |
| Place of Birth (State or foreign country) | <u>Wilmington Ohio</u> |
| Residence Address | Street or R.R. <u>122 S. Glen</u> City <u>Brownsburg</u> County <u>Ind.</u> State <u>Ind.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>driver's lic.</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>Michael Keith Scott</u> Residence of father (if deceased, so state) <u>Brownsburg Ind.</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Unknown</u> Residence of mother (if deceased, so state) _____ Birthplace of mother (State or foreign country) _____ |

| FEMALE APPLICANT | |
|---|--|
| Name | First <u>Stephanie</u> Middle <u>D.</u> Last <u>Rogers</u> |
| Date of Birth | Month <u>8</u> Day <u>19</u> Year <u>64</u> |
| Place of Birth (State or foreign country) | <u>Ind.</u> |
| Residence Address | Street or R.R. <u>3016 Evergreen Dr.</u> City <u>Ind.</u> County <u>Ind.</u> State <u>Ind.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Ap.</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>William Earl Rogers</u> Residence of father (if deceased, so state) <u>Ind. Ind.</u> Birthplace of father (State or foreign country) <u>Ind.</u> (b) Full maiden name of applicant's mother <u>Roma Jean Robinson</u> Residence of mother (if deceased, so state) <u>Ind. Ind.</u> Birthplace of mother (State or foreign country) <u>Ind.</u> |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant James K. Scott Date 8-13-90

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Stephanie D. Rogers Date 8-13-90

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 HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
Signed James K. Scott
New Address _____
Subscribed and sworn to before me this 13 day of Aug. 19 90
Connie Spurgeon Clerk 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 Stephanie D. Rogers
New Address _____
Subscribed and sworn to before me this 14 day of Aug. 19 90
Connie Spurgeon Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give 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 HENDRICKS) ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I 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 JAMES K. SCOTT and STEPHANIE D. ROGERS.

I further certify that the following marriage certificate was filed in my office:
I, RAYMOND H. DUFF (name), certify that on 8-31-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, JAMES K. SCOTT of HENDRICKS County, IN (state), and STEPHANIE D. ROGERS of MARION County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-13-90
Signed by: /s/ RAYMOND H. DUFF MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 9-18-90 (date).

Signed Connie Spurgeon Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 463

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 D. T. Laggard M.D.

MALE APPLICANT

Name Jeffrey Brian Witty
Date of Birth Month 3 Day 31 Year 71
Place of Birth (State or foreign country) St. Bragg, D. Carolina
Residence Address 1210 S Dix Pauls Rd. Indpls. In.
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 ☐
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. _____

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 Donald Leon Witty
Residence of father (if deceased, so state) Indpls. In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Jerry Marlene Crooks
Residence of mother (if deceased, so state) Indpls. In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Jennifer Lynn Hartsock
Date of Birth Month 5 Day 30 Year 72
Place of Birth (State or foreign country) Danville In.
Residence Address 40 Venable Dr. Danville, In.
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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 father Richard Stephen Hartsock
Residence of father (if deceased, so state) Danville, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Betty Geraldine Shaw
Residence of mother (if deceased, so state) Danville, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Jeffrey Brian Witty Date 8-13-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jeffrey Brian Witty

New Address _____

Subscribed and sworn to before me this 13th day of Aug, 19 90
Connie Larson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Jennifer Lynn Hartsock Date 8-13-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jennifer Lynn Hartsock

New Address _____

Subscribed and sworn to before me this 13th day of Aug, 19 90
Connie Larson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JEFFREY B. WITTY and JENNIFER L. HARTSOCK.

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

I, CYNTHIA J. SPENCE (name), certify that on JUNE 13th 1990 (date), at DANVILLE in DANVILLE County, Indiana, JEFFREY B. WITTY of HENDRICKS County, IN (state), and JENNIFER L. HARTSOCK of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-13-90

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

Filed and recorded in accordance with the laws of the State of Indiana on 8-13-90 (date).

Signed Connie Larson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 464

File _____

HENDRICKS CountyDate of Application 8-13-90

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 Dr. Brannell

| MALE APPLICANT | | | | |
|---|----------------|------------|----------------|-------|
| Name | First | Middle | Last | |
| | <u>Rodney</u> | <u>W.</u> | <u>McGowan</u> | |
| Date of Birth | Month | Day | Year | |
| | <u>9</u> | <u>8</u> | <u>64</u> | |
| Place of Birth (State or foreign country) <u>IND</u> | | | | |
| Residence Address | Street or R.R. | City | County | State |
| | <u>Same</u> | <u>IND</u> | | |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>J.B. McGowan</u> Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>KY</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Janice Kathan</u> Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>KY</u> | | | | |

| FEMALE APPLICANT | | | | |
|---|---------------------|----------------|--------------|-------|
| Name | First | Middle | Last | |
| | <u>Elizabeth</u> | <u>A.</u> | <u>Smith</u> | |
| Date of Birth | Month | Day | Year | |
| | <u>2</u> | <u>20</u> | <u>65</u> | |
| Place of Birth (State or foreign country) <u>IND</u> | | | | |
| Residence Address | Street or R.R. | City | County | State |
| | <u>RR 2 Box 319</u> | <u>Maytown</u> | | |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children. <u>Floyd Arthur Smith III</u> | | | | |
| 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 <u>Charles Morton Bane</u> Residence of father (if deceased, so state) <u>Mayfield Ind.</u> Birthplace of father (State or foreign country) <u>Ind.</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Mary Francis Dempsey</u> Residence of mother (if deceased, so state) <u>8 Puff Ind.</u> Birthplace of mother (State or foreign country) <u>Ind.</u> | | | | |

| ACKNOWLEDGMENT | |
|---|---------------------|
| I acknowledge that I have received information regarding 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 <u>Rodney McGowan</u> | Date <u>8-13-90</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court _____ | Date _____ |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Rodney McGowan</u> | |
| New Address _____ | |
| Subscribed and sworn to before me this <u>13</u> day of <u>Aug.</u> , 19 <u>90</u> | |
| <u>Lois Spurr</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |

| ACKNOWLEDGMENT | |
|---|---------------------|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) | |
| Signature of Applicant <u>Elizabeth A. Smith</u> | Date <u>8-13-90</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court _____ | Date _____ |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Elizabeth A. Smith</u> | |
| New Address _____ | |
| Subscribed and sworn to before me this <u>13</u> day of <u>Aug.</u> , 19 <u>90</u> | |
| <u>Lois Spurr</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--------|
| We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ | |
| State of Indiana <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: | |
| Signed _____ | Father |
| Signed _____ | Mother |
| Subscribed and sworn to before me this _____ day of _____, 19____ | |
| _____ Clerk | |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 RODNEY W. McGOWAN and ELIZABETH A. SMITH.

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

I, DANNY VAUGHN (name), certify that on 8-18-90 (date), at INDIANAPOLIS in MARION County, Indiana, RODNEY McGOWAN of HENDRICKS County, IN (state), and ELIZABETH SMITH of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-18-90

Signed by: /s/ DANNY VAUGHN JUDGE PRO TEMPORE (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-24-90 (date).

Signed Lois Spurr Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 465

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 8-8-90Name of Physician Dr. Adams

MALE APPLICANT

Name Gary First Alan Middle Smith Last
Date of Birth January Month 31 Day 1968 Year
Place of Birth (State or foreign country) Indiana
Residence Address 10 Park Dr Street or R.R. Harold City Hendricks State In

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

- Are you now 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.

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 Harold Leon Smith
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Virginia Arnesman
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Melissa First Marie Middle Skaggs Last
Date of Birth February Month 12 Day 1972 Year
Place of Birth (State or foreign country) Indiana
Residence Address 319 E Wall St Street or R.R. P.O. Box City Hendricks State In

Previous Marital Status: Never Married ☒ ORLast 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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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 father Kenneth Eugene Skaggs
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Debra Susan Hurler
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Gary A Smith Date 8-13-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Gary A Smith
New Address 410 Park Drive Fairfield, 46168

Subscribed and sworn to before me this 13 day of Aug, 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____
Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Melissa Skaggs Date 8-13-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Melissa Marie Skaggs
New Address 410 Park Drive Fairfield 46168

Subscribed and sworn to before me this 13 day of Aug, 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____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 GARY ALAN SMITH and MELISSA MARIE SKAGGS.

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

I, JACK TERRY (name), certify that on 8-25-90 (date), at INDIANAPOLIS in MARION County, Indiana, GARY ALAN SMITH of HENDRICKS County, IN (state), and MELISSA MARIE SKAGGS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-25-90.

Signed by: /s/ JACK TERRY MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-29-90 (date).

Signed Donna Johnson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 466
File _____
Date of Application 8-15-90

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 Dr. Sauer Westview Hosp.

| MALE APPLICANT | |
|---|---|
| Name | First <u>David</u> Middle <u>M.</u> Last <u>Warner</u> |
| Date of Birth | Month <u>8</u> Day <u>2</u> Year <u>57</u> |
| Place of Birth (State or foreign country) | <u>Ind</u> |
| Residence Address | Street or R.R. <u>same</u> City <u>same</u> County <u>same</u> State <u>Ind</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. | List the full names of any dependent children. <u>Samantha Nicole</u> <u>Brandon Ross</u> |
| 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 <u>Donald David Warner</u> Residence of father (if deceased, so state) <u>Edward Ind.</u> Birthplace of father (State or foreign country) <u>Ind.</u> (b) Full maiden name of applicant's mother <u>Mary Esther Hood</u> Residence of mother (if deceased, so state) <u>same</u> Birthplace of mother (State or foreign country) <u>Ind.</u> |

| FEMALE APPLICANT | |
|---|---|
| Name | First <u>Alyce</u> Middle <u>Iva</u> Last <u>Lang</u> |
| Date of Birth | Month <u>12</u> Day <u>25</u> Year <u>52</u> |
| Place of Birth (State or foreign country) | <u>Ind</u> |
| Residence Address | Street or R.R. <u>53 Broadway Rd.</u> City <u>Brownsburg</u> County <u>Ind</u> State <u>Ind</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Dr</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. | List the full names of any dependent children. <u>Kelly Jo</u> <u>Londene</u> <u>Jean</u> |
| 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 <u>Adrian James Kipper</u> Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Ind</u> (b) Full maiden name of applicant's mother <u>Jane Ida Michel</u> Residence of mother (if deceased, so state) <u>Westview Ind</u> Birthplace of mother (State or foreign country) <u>Ind</u> |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding 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 | <u>David Warner</u> Date _____ |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed | <u>David Warner</u> |
| New Address | _____ |
| Subscribed and sworn to before me this | <u>15</u> day of <u>Aug.</u> 19 <u>90</u> |
| _____ | Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
| We, the parents of this applicant, hereby 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 <u>HENDRICKS</u>) ss: _____ |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this | _____ day of _____, 19____ |
| _____ | Clerk |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>Alyce I. Lang</u> Date <u>8-15-90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed | <u>Alyce I. Lang</u> |
| New Address | _____ |
| Subscribed and sworn to before me this | <u>15</u> day of <u>Aug.</u> 19 <u>90</u> |
| _____ | Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
| We, the parents of this applicant, hereby 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 <u>HENDRICKS</u>) ss: _____ |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this | _____ day of _____, 19____ |
| _____ | Clerk |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 DAVID MICHAEL WARNER and ALYCE IVA LANG.

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

I, ANDREA LEININGER (name), certify that on 8-25-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, DAVID MICHAEL WARNER of HENDRICKS County, IN (state), and ALYCE IVA LANG of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-25-90.

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 Connie Spurgeon Clerk
HENDRICKS Circuit Court

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

Name DEWAYNE First CARSON Middle PARK Last
Date of Birth 05 Month 07 Day 73 Year
Place of Birth (State or foreign country) IN
Residence Address 3544 Indiana Road Plainfield Hendricks IN
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. N/A
6. (a) Full name of father of dependent children N/A
Residence of father (if deceased, so state) _____
Birthplace of father (State or foreign country) _____
(b) Full maiden name of mother of dependent children N/A
Residence of mother (if deceased, so state) _____
Birthplace of mother (State or foreign country) _____
7. (a) Full name of applicant's father HARRY EDWARD PARK
Residence of father (if deceased, so state) 3544 Indiana Road, PAID, IN
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother SARAH JOYCE BRACIOUS
Residence of mother (if deceased, so state) 3544 Indiana Road, PAID, IN
Birthplace of mother (State or foreign country) PA

FEMALE APPLICANT

Name RONDA First JO Middle BREWER Last
Date of Birth 11 Month 03 Day 72 Year
Place of Birth (State or foreign country) ND
Residence Address 545 Madison St Plainfield, Hendricks, IN
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 ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of father of dependent children N/A
Residence of father (if deceased, so state) _____
Birthplace of father (State or foreign country) _____
(b) Full maiden name of mother of dependent children N/A
Residence of mother (if deceased, so state) _____
Birthplace of mother (State or foreign country) _____
7. (a) Full name of applicant's father JAMES ROLLAND BREWER SR.
Residence of father (if deceased, so state) 545 Madison St PAID, IN
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother NOREEN MARIE DEITZ
Residence of mother (if deceased, so state) 545 Madison St. PAID, IN
Birthplace of mother (State or foreign country) ND

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Ronda Brewer Date 08-15-90

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

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given in this application is true and correct.

County of HENDRICKS)

Signed Ronda Brewer

New Address 3544 Indiana Road PAID, IN 46168

Subscribed and sworn to before me this 15 day of August, 1990

Connie Lawlor Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana _____) ss:

County of HENDRICKS)

Signed _____ Father

Signed Noreen M. Brewer Mother

Subscribed and sworn to before me this 15 day of August, 1990

Connie Lawlor Clerk

ORDER OF COURT. A marriage license having been refused to the above named parties, the

and filed in _____ County _____ Court, by written order issued _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-16-90, authorizing the marriage of DEWAYNE CARSON PARK and RONDA JO BREWER

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

I, DENVER J. NIEMEIER (name), certify that on 8-18-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, DEWAYNE CARSON PARK of HENDRICKS County, IN (state), and RONDA JO BREWER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-18-90

Signed by: /s/ DENVER J. NIEMEIER PREACHER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-20-90 (date).

Signed Connie Lawlor Clerk

HENDRICKS Circuit Court

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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. 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

Name DEWAYNE First CARSON Middle PARK Last
Date of Birth 05 Month 07 Day 73 Year
Place of Birth (State or foreign country) IN
Residence Address 3544 Indiana Road Street or R.R. PLAINFIELD City HENDRICKS County IN State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of father of dependent children N/A
Residence of father (if deceased, so state) _____
Birthplace of father (State or foreign country) _____
(b) Full maiden name of mother of dependent children N/A
Residence of mother (if deceased, so state) _____
Birthplace of mother (State or foreign country) _____
7. (a) Full name of applicant's father HARRY EDWARD PARK
Residence of father (if deceased, so state) 3544 Indiana Road, PHD, IN
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother SARAH JOYCE BEACIOUS
Residence of mother (if deceased, so state) 3544 Indiana Road, PHD, IN
Birthplace of mother (State or foreign country) PA

FEMALE APPLICANT

Name Ronda First JO Middle BREWER Last
Date of Birth 11 Month 03 Day 72 Year
Place of Birth (State or foreign country) ND
Residence Address 545 Madison St Street or R.R. PLAINFIELD City HENDRICKS County IN State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of father of dependent children N/A
Residence of father (if deceased, so state) _____
Birthplace of father (State or foreign country) _____
(b) Full maiden name of mother of dependent children N/A
Residence of mother (if deceased, so state) _____
Birthplace of mother (State or foreign country) _____
7. (a) Full name of applicant's father JAMES ROLLAND BREWER SR.
Residence of father (if deceased, so state) 545 Madison St PHD, IN
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother NOREEN MARIE DEITZ
Residence of mother (if deceased, so state) 545 Madison St. PHD, IN
Birthplace of mother (State or foreign country) ND

ACKNOWLEDGMENT

ACKNOWLEDGMENT

DIANA)
HENDRICKS) SS:

J. Brewer give my consent for Ronda J. Brewer, Daughter
Name & Relationship
Dewayne Carson Park

James R. Brewer Sr.
Signature of Parent or Guardian
James R. Brewer

for me Barbara J. Sawyer NOTARY PUBLIC

8-15-90 DATE Hendricks COUNTY

ion Expires: 2-12-93 Resident of Hendricks County, IN

DATE _____

COMP

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-16-90, authorizing the marriage of DEWAYNE CARSON PARK and
RONDA JO BREWER

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

I, DENVER J. NIEMEIER (name), certify that on 8-18-90 (date), at PLAINFIELD in
HENDRICKS County, Indiana, DEWAYNE CARSON PARK of HENDRICKS County,
IN (state), and RONDA JO BREWER of HENDRICKS County,
IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 8-18-90

Signed by: /s/ DENVER J. NIEMEIER PREACHER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-20-90 (date).

Signed Barbara J. Sawyer Clerk

HENDRICKS Circuit Court

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 | |
|---|--|
| Name | DEWAYNE CARSON PARK |
| Date of Birth | 05 07 73 |
| Place of Birth (State or foreign country) | IN |
| Residence Address | 3544 Indiana Road Plainfield Hendricks IN |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | N/A |
| 6. (a) Full name of father of dependent children | N/A |
| Residence of father (if deceased, so state) | |
| Birthplace of father (State or foreign country) | |
| (b) Full maiden name of mother of dependent children | N/A |
| Residence of mother (if deceased, so state) | |
| Birthplace of mother (State or foreign country) | |
| 7. (a) Full name of applicant's father | HARRY EDWARD PARK |
| Residence of father (if deceased, so state) | 3544 Indiana Road, Plainfield, IN |
| Birthplace of father (State or foreign country) | IN |
| (b) Full maiden name of applicant's mother | SARAH JOYCE BECKIOUS |
| Residence of mother (if deceased, so state) | 3544 Indiana Road, Plainfield, IN |
| Birthplace of mother (State or foreign country) | IN |

ACKNOWLEDGMENT

| FEMALE APPLICANT | |
|--|--|
| Name | RONDA JO BREWER |
| Date of Birth | 11 03 72 |
| Place of Birth (State or foreign country) | ND |
| Residence Address | 545 Madison St Plainfield Hendricks IN |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | N/A |
| 6. (a) Full name of father of dependent children | N/A |
| Residence of father (if deceased, so state) | |
| Birthplace of father (State or foreign country) | |
| (b) Full maiden name of mother of dependent children | N/A |
| Residence of mother (if deceased, so state) | |
| Birthplace of mother (State or foreign country) | |
| 7. (a) Full name of applicant's father | JAMES ROLLAND BREWER SR. |
| Residence of father (if deceased, so state) | 545 Madison St Plainfield, IN |
| Birthplace of father (State or foreign country) | IN |
| (b) Full maiden name of applicant's mother | NOREEN MARIE DEITZ |
| Residence of mother (if deceased, so state) | 545 Madison St. Plainfield, IN |
| Birthplace of mother (State or foreign country) | ND |

ACKNOWLEDGMENT

I, HARRY E. PARK give my consent for DEWAYNE C. PARK
to marry RONDA JO BREWER.
Name & Relationship

HARRY E. PARK
Signature of Parent or Guardian

Subscribed before me PATRICIA ANN PEARSON NOTARY PUBLIC

Aug 15, 1990 DATE Hendricks COUNTY

CLERK

DATE Aug 15, 1990

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-16-90, authorizing the marriage of DEWAYNE CARSON PARK and RONDA JO BREWER.

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

I, DENVER J. NIEMEIER (name), certify that on 8-18-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, DEWAYNE CARSON PARK of HENDRICKS County, IN (state), and RONDA JO BREWER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-18-90.

Signed by: /s/ DENVER J. NIEMEIER PREACHER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-20-90 (date).

Signed [Signature] Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 468
File _____
Date of Application 8-15-90

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 8-1-90
Name of Physician S. Athar

| MALE APPLICANT | |
|---|--|
| Name | First <u>Daniel</u> Middle <u>Joseph</u> Last <u>Drury</u> |
| Date of Birth | Month <u>Apr</u> Day <u>5</u> Year <u>1959</u> |
| Place of Birth (State or foreign country) | <u>IL</u> |
| Residence Address | Street or R.R. <u>3201 Wilbur Rd</u> City <u>Plainfield</u> State <u>IL</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>Joseph B. Drury</u> Residence of father (if deceased, so state) <u>Plainfield, IL</u> Birthplace of father (State or foreign country) <u>IL</u> (b) Full maiden name of applicant's mother <u>Joyce A. Woods</u> Residence of mother (if deceased, so state) <u>IL</u> Birthplace of mother (State or foreign country) <u>IL</u> |

| FEMALE APPLICANT | |
|---|---|
| Name | First <u>Vanessa</u> Middle <u>Lynn</u> Last <u>Throckmorton</u> |
| Date of Birth | Month <u>Aug</u> Day <u>6</u> Year <u>1962</u> |
| Place of Birth (State or foreign country) | <u>IL</u> |
| Residence Address | Street or R.R. <u>6532 1/2 Westfield</u> City <u>Plainfield</u> State <u>IL</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Sprague</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>Herbert L. Throckmorton</u> Residence of father (if deceased, so state) <u>S. Boston, IL</u> Birthplace of father (State or foreign country) <u>IL</u> (b) Full maiden name of applicant's mother <u>Cherry Brown</u> Residence of mother (if deceased, so state) <u>IL</u> Birthplace of mother (State or foreign country) <u>IL</u> |

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Vanessa L. Throckmorton 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.

Clerk of Court _____ Date _____

ACKNOWLEDGMENT

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

Signature of Applicant Vanessa L. Throckmorton 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Vanessa L. Throckmorton

New Address 6532 1/2 Westfield Blvd, Plainfield, IL

Subscribed and sworn to before me this 15 day of Aug, 19 90

Connie Spence Clerk 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 Vanessa L. Throckmorton

New Address IL

Subscribed and sworn to before me this 15 day of Aug, 19 90

Connie Spence Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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 HENDRICKS) ss: _____

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 DANIEL J. DRURY and VANESSA L. THROCKMORTON.

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

I, JAMES D. SPENCER (name), certify that on 8-17-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, DANIEL J. DRURY of HENDRICKS County, IN (state), and VANESSA L. THROCKMORTON of MARION County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-17-90.

Signed by: /s/ JAMES D. SPENCER, PLAINFIELD TOWN CT JUDGE (Official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-21-90 (date).

Signed Connie Spence Clerk HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 469

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

Name Travis Dale Garrity
Date of Birth 3 Month 15 Day 71 Year
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 109 Robertson St. Camby, In.
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 ☐
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. _____

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 Raymond Dale Garrity
Residence of father (if deceased, so state) Camby, In.
Birthplace of father (State or foreign country) Ind.

(b) Full maiden name of applicant's mother Samela Lave Runion
Residence of mother (if deceased, so state) Camby, In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Penny Elaine Smith
Date of Birth 12 Month 7 Day 70 Year
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 1516 Moor Rd. Plainfield, In.
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 ☒
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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 father Timothy Smith
Residence of father (if deceased, so state) Plainfield, In.
Birthplace of father (State or foreign country) Tenn.

(b) Full maiden name of applicant's mother Janet Elaine Smith (maiden name)
Residence of mother (if deceased, so state) Plainfield, In.
Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

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

Signature of Applicant Travis Garrity 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.

Clerk of Court _____ Date _____

ACKNOWLEDGMENT

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

Signature of Applicant Penny E. Smith 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given
County of _____) in this application is true and correct.

Signed Travis Garrity

New Address 411 N. Pine St. Plain, In 46168

Subscribed and sworn to before me this 15th day of Aug, 1990

Clerk of the HENDRICKS Circuit Court

State of Indiana HENDRICKS) ss: I swear/affirm that the information given
County of _____) in this application is true and correct.

Signed Penny E. Smith

New Address 411 N. Pine St. Plain, In 46168

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:
County of _____)

Signed _____ Father

Signed _____ Mother

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

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-17-90, authorizing the marriage of TRAVIS DALE GARRITY and PENNY ELAINE SMITH.

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

I, JOHN C. PARSLEY (name), certify that on 8-25-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, TRAVIS DALE GARRITY of HENDRICKS County, IN (state), and PENNY ELAINE SMITH of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-17-90.

Signed by: /s/ JOHN C. PARSLEY BAPTIST PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-28-90 (date).

Signed Donna Spaw Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 470
File _____
Date of Application 8-15-90

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 | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. file</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>Michael A. Hadley</u> Residence of father (if deceased, so state) <u>Brownsburg Ind</u> Birthplace of father (State or foreign country) <u>Ind</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Barbara Ann Green</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>Ind</u> | | | | |

| FEMALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. file</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>John Lewis Ward</u> Residence of father (if deceased, so state) <u>Brownsburg Ind</u> Birthplace of father (State or foreign country) <u>Ind</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Marilyn Mae Johnson</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>Ind</u> | | | | |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Michael A. Hadley Date _____

The above applicant has 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 x Michael A. Hadley
New Address _____

Subscribed and sworn to before me this 15 day of Aug, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Connie Lawson Ward Date _____

The above applicant has 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 Connie Lawson Ward
New Address _____

Subscribed and sworn to before me this 15 day of Aug, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 MICHAEL A. HADLEY and CONNIE S. WARD.

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

I, JEFFREY S. COREY (name), certify that on SEPT. 1, 1990 (date), at BROWNSBURG, IN in HENDRICKS County, Indiana, MICHAEL A. HADLEY of HENDRICKS County, INDIANA (state), and CONNIE S. WARD 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 SEPT. 1, 1990

Signed by: /s/ JEFFREY S. COREY MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on SEPT. 4, 1990 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 471

File

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 8-15-90Name of Physician Dr. Farn

MALE APPLICANT

Name First Eric Middle Douglas Last Poplin
Date of Birth Month May Day 1 Year 1965
Place of Birth (State or foreign country) Lexington, Ky.
Residence Address Street or R.R. 450 East Run Rd. City Lexington State Ky.
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) drumstick

- Are you now 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.

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 Fred Douglas Poplin
Residence of father (if deceased, so state) Lexington, Ky.
Birthplace of father (State or foreign country) Kentucky

(b) Full maiden name of applicant's mother Jane Joyce Pennington
Residence of mother (if deceased, so state) Lexington, Ky.
Birthplace of mother (State or foreign country) W. Virginia

FEMALE APPLICANT

Name First Vicki Middle Lynn Last Jones
Date of Birth Month March Day 9 Year 1965
Place of Birth (State or foreign country) Gene Haute Vign. In.
Residence Address Street or R.R. 9485 W. 31st St. City Dupont State In. 46134
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) drumstick

- Are you now 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 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? 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 father Ernest William Jones
Residence of father (if deceased, so state) Dupont, In.
Birthplace of father (State or foreign country) Shoals, In.

(b) Full maiden name of applicant's mother Bona Madeline Swanson
Residence of mother (if deceased, so state) Dupont
Birthplace of mother (State or foreign country) Rockwell, In.

ACKNOWLEDGMENT

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

Signature of Applicant Eric Douglas Poplin 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.

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 Eric Douglas PoplinNew Address Same

Subscribed and sworn to before me this 15 day of Aug. 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Vicki L. Jones Date 8/15/90 x

The above applicant has 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 Vicki Lynn JonesNew Address 3751 Apple Way #236, Lexington, KY

Subscribed and sworn to before me this 15 day of Aug. 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 ERIC DOUGLAS POPLIN and VICKI LYNN JONES.

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

I, S. V. STILES (name), certify that on 8-18-90 (date), at DANVILLE in HENDRICKS County, Indiana, ERIC DOUGLAS POPLIN of FAYETTE County, KY (state), and VICKI LYNN JONES of MARION County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-15-90.

Signed by: /s/ S. V. STILES PASTOR (official designation)Filed and recorded in accordance with the laws of the State of Indiana on 8-21-90 (date).

Signed Connie Lawson 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

No. 472

File

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 8-7-90

Name of Physician Mays, M.D.

| MALE APPLICANT | | FEMALE APPLICANT | |
|--|--|--|--|
| Name | First <u>Steven</u> Middle <u>P</u> Last <u>Chandler</u> | Name | First <u>Amy</u> Middle <u>Joann</u> Last <u>Land</u> |
| Date of Birth | Month <u>6</u> Day <u>21</u> Year <u>66</u> | Date of Birth | Month <u>3</u> Day <u>3</u> Year <u>71</u> |
| Place of Birth (State or foreign country) | <u>IN</u> | Place of Birth (State or foreign country) | <u>IN</u> |
| Residence Address | Street or R.R. <u>1 E. Main St. Pittsboro</u> City <u>Pittsboro</u> County <u>Hendricks</u> State <u>IN</u> | Residence Address | Street or R.R. <u>101 E. 1st St. Pittsboro</u> City <u>Pittsboro</u> County <u>Hendricks</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Da. file</u> | Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> | If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 father | <u>James Chandler</u> | 7. (a) Full name of applicant's father | <u>Raymond C. Land</u> |
| Residence of father (if deceased, so state) | <u>?</u> | Residence of father (if deceased, so state) | <u>Pittsboro, Ind.</u> |
| Birthplace of father (State or foreign country) | <u>IN?</u> | Birthplace of father (State or foreign country) | <u>IN</u> |
| (b) Full maiden name of applicant's mother | <u>Mary Ann Martin</u> | (b) Full maiden name of applicant's mother | <u>Delora G. Wood</u> |
| Residence of mother (if deceased, so state) | <u>Pittsboro, Ind.</u> | Residence of mother (if deceased, so state) | <u>Pittsboro, Ind.</u> |
| Birthplace of mother (State or foreign country) | <u>IN</u> | Birthplace of mother (State or foreign country) | <u>IN</u> |
| 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 <u>X Steven P. Chandler</u> Date <u>8-16-90</u> | | Signature of Applicant <u>X Amy Joann Land</u> Date <u>8-16-90</u> | |
| 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 _____) ss: 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 in this application is true and correct. | |
| County of <u>HENDRICKS</u>) | | County of <u>HENDRICKS</u>) | |
| Signed <u>X Steven P. Chandler</u> | | Signed <u>X Amy Joann Land</u> | |
| New Address _____ | | New Address _____ | |
| Subscribed and sworn to before me this <u>16</u> day of <u>Aug</u> , 19 <u>90</u> | | Subscribed and sworn to before me this <u>16</u> day of <u>Aug</u> , 19 <u>90</u> | |
| <u>Connie Tate</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | <u>Connie Tate</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: | | State of Indiana <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-16-90, authorizing the marriage of STEVEN P. CHANDLER and AMY J. LAND.

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

I, CONNIE TATE (name), certify that on 8-24-90 (date), at DANVILLE in HENDRICKS County, Indiana, STEVEN P. CHANDLER of HENDRICKS County, 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 Circuit Court of HENDRICKS County, Indiana, dated 8-24-90.

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

Filed and recorded in accordance with the laws of the State of Indiana on 8-24-90 (date).

Signed Connie Tate Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 473

File

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 M. Kennedy

MALE APPLICANT

Name David First W. Middle Irvin Last
Date of Birth 9 Month 30 Day 63 Year
Place of Birth (State or foreign country) Marion, Indiana
Residence Address 503 Kennedy Ave Brownsburg Street or R.R. City Brownsburg County Marion State Indiana
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. file

- Are you now 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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father John Richard Spring
Residence of father (if deceased, so state) Brownsburg Ind.
Birthplace of father (State or foreign country) PA
(b) Full maiden name of applicant's mother Spring Mae Hustain
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) Mass.

FEMALE APPLICANT

Name Robin First R. Middle Robbins Last
Date of Birth 5 Month 22 Day 63 Year
Place of Birth (State or foreign country) Indiana
Residence Address 7751 Wyckoff Ct. Indianapolis Street or R.R. City Indianapolis County Marion State Indiana
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. file

- Are you now 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 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? No ☒ Yes ☐
- List the full names of any dependent children. Ryan, Nicholas

- (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)
- (a) Full name of applicant's father S. Ray Lucas
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of applicant's mother Margaret Lucile Edwards
Residence of mother (if deceased, so state) Brownsburg Ind.
Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

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

Signature of Applicant David W. Irvin 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed David W. Irvin

New Address _____

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

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

ACKNOWLEDGMENT

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

Signature of Applicant Robin Robbins 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed Robin RobbinsNew Address SAME AS ABOVE

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:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-16-90, authorizing the marriage of DAVID WAYNE IRVIN and ROBIN RENEE' ROBBINS.

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

I, HAROLD L. LEININGER (name), certify that on 9-8-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, DAVID WAYNE IRVIN of HENDRICKS County, IN (state), and ROBIN RENEE' ROBBINS of MARION County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-8-90.

Signed by: /s/ HAROLD L. LEININGER SENIOR PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-13-90 (date).

Signed Connie Leonard Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 474

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 8-6-90
Name of Physician Jon Thomas, M.D.

MALE APPLICANT

Name Charles Daniel Young
Date of Birth Month 4 Day 5 Year 62
Place of Birth (State or foreign country) Glasgow, Montana
Residence Address 9199 Beam Rd. Greenville, Oh.
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 ☒
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. _____

- 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 Charles Lee Young
Residence of father (if deceased, so state) La.
Birthplace of father (State or foreign country) La.
 - Full maiden name of applicant's mother Nancy Lee Bastelman
Residence of mother (if deceased, so state) Ansonia, Oh.
Birthplace of mother (State or foreign country) Ohio

FEMALE APPLICANT

Name Michelle Ann Merrion
Date of Birth Month 10 Day 27 Year 63
Place of Birth (State or foreign country) Livonia, Mi.
Residence Address 223 South Park 300 E Danville, In.
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? No ☒ Yes ☐
- List 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 Richard Falke Merrion
Residence of father (if deceased, so state) Danville, In.
Birthplace of father (State or foreign country) Michigan
 - Full maiden name of applicant's mother Sandra Lynn Glass
Residence of mother (if deceased, so state) Danville, In.
Birthplace of mother (State or foreign country) Mich.

ACKNOWLEDGMENT

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

Signature of Applicant Charles Daniel Young Date 8-17-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.

Signed Charles Daniel Young

New Address SAHC

Subscribed and sworn to before me this 17th day of Aug. 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Michelle A. Merrion Date 8/17/90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.

Signed Michelle A. Merrion

New Address 9199 Beam Rd. Greenville, OH 45331

Subscribed and sworn to before me this 17th day of Aug. 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-17-90, authorizing the marriage of CHARLES DANIEL YOUNG and MICHELLE ANN MERRION.

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

I, ERIC A. KNIGHT (name), certify that on 8-18-90 (date), at DANVILLE in HENDRICKS County, Indiana, CHARLES DANIEL YOUNG of DARKE County, OH (state), and MICHELLE ANN MERRION of HENDRICKS County, IN (state) were 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/ ERIC A. KNIGHT PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-28-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 475

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 D. Haggard

MALE APPLICANT

Name First Jett Middle D. Last Simrell
Date of Birth Month 9 Day 5 Year 62
Place of Birth (State or foreign country) IN
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) Dr. Haggard

- Are you now 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. Dustin, Kristin

- 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 James D. Simrell
Residence of father (if deceased, so state) State of Tennessee
Birthplace of father (State or foreign country) IN
 - Full maiden name of applicant's mother Joe Marie Bonkoff
Residence of mother (if deceased, so state) Chicago, Ill.
Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name First Tammy Middle S. Last Shadwick
Date of Birth Month 7 Day 21 Year 65
Place of Birth (State or foreign country) IN
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) Dr. Haggard

- Are you now 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 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? No ☒ Yes ☐
- List 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 Scott Shadwick
Residence of father (if deceased, so state) Paoli, Ill.
Birthplace of father (State or foreign country) IN
 - Full maiden name of applicant's mother Ophe E. Nees
Residence of mother (if deceased, so state) Sumt.
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant Jett D. Simrell Date 8/17/90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jett D. Simrell

New Address _____

Subscribed and sworn to before me this 17 day of Aug., 1990
Connie Spurr Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Tammy S. Shadwick Date 8-17-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Tammy S. Shadwick

New Address _____

Subscribed and sworn to before me this 17 day of Aug., 1990
Connie Spurr Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-17-90, authorizing the marriage of JETT D. SIMRELL and TAMMY S. SHADWICK.

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

I, JOHN NEES (name), certify that on 9-29-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, JETT D. SIMRELL of HENDRICKS County, IN (state), and TAMMY S. SHADWICK of HENDRICKS County, IN (state) were 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/ JOHN NEES PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-2-90 (date).

Signed Connie Spurr Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

385
No. 476
File _____
Date of Application 8-17-90

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 J. J. J. N/A

| MALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>On file</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children: <u>James, John, Kevin</u> | | | | |
| 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 <u>John E. Molloy</u> Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>IN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Anna Grace Wagner</u> Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>OH</u> | | | | |

| FEMALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>On file</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children: <u>Steph, Stephanie</u> | | | | |
| 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 <u>Wallace Marden</u> Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>PA</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Kladya Dorley</u> Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>PA</u> | | | | |

| ACKNOWLEDGMENT | |
|---|---|
| I acknowledge that I have received information regarding 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 | <u>X Robert M. Molloy Jr.</u> Date <u>8-17-90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed | <u>X R. M. Molloy Jr.</u> |
| New Address | <u>603 N 50 E RD</u> |
| Subscribed and sworn to before me this | <u>17</u> day of <u>Aug.</u> , 19 <u>90</u> |
| | <u>Loanne J. J. J.</u> Clerk of the <u>HENDRICKS</u> Circuit Court |

| ACKNOWLEDGMENT | |
|---|---|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) | |
| Signature of Applicant | <u>X Bonnie L. Mitchell</u> Date <u>Aug. 17, 90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed | <u>X Bonnie L. Mitchell</u> |
| New Address | <u>603 N 50 E RD</u> |
| Subscribed and sworn to before me this | <u>17</u> day of <u>Aug.</u> , 19 <u>90</u> |
| | <u>Loanne J. J. J.</u> Clerk of the <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--|
| We, the parents of this applicant, hereby 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 <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: _____ |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this | _____ day of _____, 19____ |
| | _____ Clerk |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-17-90, authorizing the marriage of ROBERT M. MOLLOY and BONNIE MITCHELL.

I further certify that the following marriage certificate was filed in my office:
I, C. S. CHESEBROUGH (name), certify that on 9-1-90 (date), at DANVILLE in HENDRICKS County, Indiana, ROBERT M. MOLLOY of HENDRICKS County, IN (state), and BONNIE MITCHELL of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-1-90.
Signed by: /s/ C. S. CHESEBROUGH PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 9-5-90 (date).

Signed Loanne J. J. J. Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 477

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

MALE APPLICANT

Name Jason Ronnie Farmer
Date of Birth Oct 17 1970
Place of Birth (State or foreign country) Ind.
Residence Address 5599 Quon Rd Indianapolis Ind.
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 ☐
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. Jesselyn Celeste Farmer
- (a) Full name of father of dependent children Same
Residence of father (if deceased, so state) Same
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of mother of dependent children Same
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) Ind.
- (a) Full name of applicant's father Clyde Ronnie Farmer
Residence of father (if deceased, so state) Same
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of applicant's mother Ruby Kathleen Groome
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name Jill Annette Dorn
Date of Birth Jan 31 1969
Place of Birth (State or foreign country) Ind.
Residence Address 160 W. Pleasant St. Indianapolis, 46234
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? No ☒ Yes ☐
- List the full names of any dependent children. Jesselyn Celeste Farmer
- (a) Full name of father of dependent children Same
Residence of father (if deceased, so state) Same
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of mother of dependent children Same
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) Ind.
- (a) Full name of applicant's father J C Dorn
Residence of father (if deceased, so state) Same
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of applicant's mother Violet Whites
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

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

Signature of Applicant Jason Ronnie Farmer Date

The above applicant has 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 Jason Ronnie Farmer

New Address

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

ACKNOWLEDGMENT

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

Signature of Applicant Jill Annette Dorn Date

The above applicant has 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 Jill Annette Dorn

New Address

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-17-90, authorizing the marriage of JASON R. FARMER and JILL ANNETTE DORN.

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

I, CONNIE TATE (name), certify that on 8-17-90 (date), at DANVILLE in HENDRICKS County, Indiana, JASON R. FARMER of HENDRICKS County, IN (state), and JILL ANNETTE DORN of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-17-90.

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

Filed and recorded in accordance with the laws of the State of Indiana on 8-17-90 (date).

Signed Connie Tate Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 478 ³⁸⁷

File _____

HENDRICKS County

Date of Application _____

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

Female
Medical Examination or Report Dated 8-3-90
Name of Physician Brad Benda, MD

| MALE APPLICANT | |
|---|--|
| Name | First <u>Christopher</u> Middle <u>L.</u> Last <u>Campbell</u> |
| Date of Birth | Month <u>Feb</u> Day <u>13</u> Year <u>1967</u> |
| Place of Birth (State or foreign country) | <u>Tex</u> |
| Residence Address | Street or R.R. <u>135 Brasich</u> City <u>Hamville</u> State <u>Ar.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>Gary Lee Campbell</u> |
| Residence of father (if deceased, so state) | <u>Hamville, Ar.</u> |
| Birthplace of father (State or foreign country) | <u>Tex</u> |
| (b) Full maiden name of applicant's mother | <u>Elizabeth Clemmons</u> |
| Residence of mother (if deceased, so state) | <u>Tampa, Fl.</u> |
| Birthplace of mother (State or foreign country) | <u>Illio</u> |

| FEMALE APPLICANT | |
|--|--|
| Name | First <u>Kimberly</u> Middle <u>A.</u> Last <u>Cooksey</u> |
| Date of Birth | Month <u>Mar</u> Day <u>23</u> Year <u>1967</u> |
| Place of Birth (State or foreign country) | <u>Ar.</u> |
| Residence Address | Street or R.R. <u>135 Brasich</u> City <u>Hamville</u> State <u>Ar.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>Gerald Cooksey</u> |
| Residence of father (if deceased, so state) | <u>Spencer, Ar.</u> |
| Birthplace of father (State or foreign country) | <u>Ar.</u> |
| (b) Full maiden name of applicant's mother | <u>Peggy Arthur</u> |
| Residence of mother (if deceased, so state) | <u>Same</u> |
| Birthplace of mother (State or foreign country) | <u>Ar.</u> |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding 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 | <u>[Signature]</u> Date <u>8/17/90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: _____ |
| I swear/affirm that the information given in this application is true and correct. | |
| Signed | <u>[Signature]</u> |
| New Address | <u>Same</u> |
| Subscribed and sworn to before me this | <u>17</u> day of <u>Aug</u> , 19 <u>90</u> |
| <u>Connie Hinson</u> | Clerk of the <u>HENDRICKS</u> Circuit Court |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>[Signature]</u> Date <u>8/17/90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: _____ |
| I swear/affirm that the information given in this application is true and correct. | |
| Signed | <u>[Signature]</u> |
| New Address | <u>Same</u> |
| Subscribed and sworn to before me this | <u>17</u> day of <u>Aug</u> , 19 <u>90</u> |
| <u>Connie Hinson</u> | Clerk of the <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--|
| We, the parents of this applicant, hereby 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 <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: _____ |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this | _____ day of _____, 19____ |
| _____ | Clerk |

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

| RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE | |
|---|--------------------------|
| I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>8-17-90</u> , authorizing the marriage of <u>CHRISTOPHER CAMPBELL</u> and <u>KIMBERLY COOKSEY</u> . | |
| I further certify that the following marriage certificate was filed in my office: | |
| I, <u>BRYAN E. SOLOMON</u> (name), certify that on <u>9-1-90</u> (date), at <u>SPENCER</u> in <u>OWEN</u> County, Indiana, <u>CHRISTOPHER CAMPBELL</u> of <u>HENDRICKS</u> County, <u>IN</u> (state), and <u>KIMBERLY COOKSEY</u> of <u>HENDRICKS</u> County, <u>IN</u> (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>8-17-90</u> . | |
| Signed by: <u>/s/ BRYAN E. SOLOMON</u> MINISTER (official designation) | |
| Filed and recorded in accordance with the laws of the State of Indiana on <u>9-10-90</u> (date). | |
| Signed | <u>[Signature]</u> Clerk |
| <u>HENDRICKS</u> Circuit Court | |

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 479

File

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 8-15-90Name of Physician Allen Barker

MALE APPLICANT

Name Gregory Edwin Wiles
Date of Birth Month 9 Day 17 Year 66
Place of Birth (State or foreign country) Shelbyville, In.
Residence Address 502 W Pearl St. No. Salem, In.
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. _____

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 Gerald Dale Wiles
Residence of father (if deceased, so state) No. Salem, In.
Birthplace of father (State or foreign country) Ind.

(b) Full maiden name of applicant's mother Ruth Ann Wilson
Residence of mother (if deceased, so state) No. Salem, In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Amy Darlene DeLong
Date of Birth Month 4 Day 14 Year 68
Place of Birth (State or foreign country) Beech Grove, In.
Residence Address 215 Gordon Ct. Brownsburg, In.
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 ☐
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 applicant's father Walter Kenneth DeLong
Residence of father (if deceased, so state) Brownsburg, In.
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Judith Helena Wier
Residence of mother (if deceased, so state) Brownsburg, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Gregory E. Wiles Date 8-20-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.Signed Gregory E. Wiles

New Address _____

Subscribed and sworn to before me this 20th day of Aug, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Amy D. DeLong Date 8-20-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.Signed Amy D. DeLong

New Address _____

Subscribed and sworn to before me this 20th day of Aug, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 GREGORY EDWIN WILES and AMY DARLENE DELONG.

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

I, DIANE L. ZELER (name), certify that on 8-25-90 (date), at INDPLS in MARION County, Indiana, GREGORY EDWIN WILES of HENDRICKS County, IN (state), and AMY DARLENE DELONG of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-21-90.

Signed by: /s/ DIANE L. ZELER MINISTER (official designation)Filed and recorded in accordance with the laws of the State of Indiana on 8-28-90 (date).Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 480

File

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 8-4-90

Name of Physician Stephen Heeger

MALE APPLICANT

Name First Jeral Middle Dean Last Miller
Date of Birth Month 2 Day 8 Year 62

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

Residence Address Street or R.R. City County State 293 N. Washington St. Danville, In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

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

5. List the full names of any dependent children. Zachary Howard Miller 10 yrs. Joshua Dean Miller 7 yrs.

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 Paul Kelle Miller

Residence of father (if deceased, so state) Greencastle, In.

Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Alberta Marie Keliatt

Residence of mother (if deceased, so state) Greencastle, In.

Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Jannell Middle Kileen Last Cox
Date of Birth Month 1 Day 8 Year 50

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

Residence Address Street or R.R. City County State 293 N. Washington St. Danville, In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

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

5. List the full names of any dependent children. Deelyn Rene Cox 17 yrs.

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 Willie Dee Falls

Residence of father (if deceased, so state) Danville, In.

Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Edna Kileen Worrell

Residence of mother (if deceased, so state) Danville, In.

Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Jeral D Miller Date 8/19/90

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jeral D Miller

New Address

Subscribed and sworn to before me this 20th day of Aug, 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)
County of HENDRICKS) ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Jannell E Cox Date 8/19/90

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jannell E Cox

New Address NA

Subscribed and sworn to before me this 20th day of Aug, 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)
County of HENDRICKS) ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 DEAN MILLER and
JAN COX

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

I, ROGER L. STROUP (name), certify that on 8-25-90 (date), at DANVILLE in
HENDRICKS County, Indiana, DEAN MILLER of PUTNAM County,
IN (state), and JAN COX of HENDRICKS County,
IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit
Court of HENDRICKS County, Indiana, dated 8-25-90

Signed by: /s/ ROGER L. STROUP PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-27-90 (date).

Signed Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 481

File

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 8-6-90Name of Physician Thomas Black

MALE APPLICANT

Name C. A. William Swope
Date of Birth 1 Month 27 Day 41 Year
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address R.R. 3 Box 374-18 Street or R.R. City Clayton, In. County State
Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver Lic.

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

5. List the full names of any dependent children. Kathy Swope 9 yrs.

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 Charles Anderson Swope
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Daisy Mae Moore
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Connie Gail Cummings
Date of Birth 2 Month 28 Day 54 Year
Place of Birth (State or foreign country) Franklin, In.
Residence Address R.R. 3 Box 374-18 Street or R.R. City Clayton, In. County State
Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver Lic.

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

5. List the full names of any dependent children. Leslie Cleon Cummings 11 yrs.

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 Paul Lafayette Lee
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) N.Y.

(b) Full maiden name of applicant's mother Maxine Adams
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) N.Y.

ACKNOWLEDGMENT

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

Signature of Applicant C.A. Swope Date _____

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.Signed C.A. SwopeNew Address sameSubscribed and sworn to before me this 20 day of Aug, 19 90
Connie Larson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Connie Cummings Date _____

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.Signed Connie A. CummingsNew Address sameSubscribed and sworn to before me this 20 day of Aug, 19 90
Connie Larson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 C. A. WILLIAM SWOPE and

CONNIE GAIL CUMMINGS

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

I, PAULA L. LYON (name), certify that on 8-20-90 (date), at FRANKLIN in JOHNSON County, Indiana, C. A. WILLIAM SWOPE of HENDRICKS County, IN (state), and CONNIE GAIL CUMMINGS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-25-90.

Signed by: /s/ PAULA L. LYON CHIEF DEPUTY CLERK (official designation)Filed and recorded in accordance with the laws of the State of Indiana on 9-12-90 (date).

Signed Connie Larson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 482
File _____
Date of Application 8-20-90

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 _____

| MALE APPLICANT | | FEMALE APPLICANT | |
|--|--|---|--|
| Name <u>KEVIN</u> First <u>William</u> Middle <u>MEEDOR</u> Last | Name <u>VALERIE</u> First <u>Jo</u> Middle <u>Johnson</u> Last | Date of Birth <u>07</u> Month <u>01</u> Day <u>03</u> Year | Date of Birth <u>07</u> Month <u>25</u> Day <u>67</u> Year |
| Place of Birth (State or foreign country) <u>WI</u> | Place of Birth (State or foreign country) <u>MI</u> | Residence Address <u>5775 E 350N Brownsburg Hendricks IN 46112</u> | Residence Address <u>1050 N EXETER Indianapolis Marion IN 46222</u> |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>open lic.</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>open lic.</u> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 5. List the full names of any dependent children. <u>N/A</u> | 5. List the full names of any dependent children. <u>N/A</u> |
| 6. (a) Full name of father of dependent children <u>N/A</u> Residence of father (if deceased, so state) _____ Birthplace of father (State or foreign country) _____ | 6. (a) Full name of father of dependent children <u>N/A</u> Residence of father (if deceased, so state) _____ Birthplace of father (State or foreign country) _____ | (b) Full maiden name of mother of dependent children <u>N/A</u> Residence of mother (if deceased, so state) _____ Birthplace of mother (State or foreign country) _____ | (b) Full maiden name of mother of dependent children <u>N/A</u> Residence of mother (if deceased, so state) _____ Birthplace of mother (State or foreign country) _____ |
| 7. (a) Full name of applicant's father <u>William Kurt Meeboer</u> Residence of father (if deceased, so state) <u>5775 E 350N Brownsburg IN 46112</u> Birthplace of father (State or foreign country) <u>WY</u> | 7. (a) Full name of applicant's father <u>Randy Mart Johnson</u> Residence of father (if deceased, so state) <u>1764 Whitewood Drive Indianapolis IN 46209</u> Birthplace of father (State or foreign country) <u>MI</u> | (b) Full maiden name of applicant's mother <u>Donna Rae Smith</u> Residence of mother (if deceased, so state) <u>Brown IN</u> Birthplace of mother (State or foreign country) <u>IN</u> | (b) Full maiden name of applicant's mother <u>Ruth Ann Marsman</u> Residence of mother (if deceased, so state) <u>Wyoming MI</u> Birthplace of mother (State or foreign country) <u>NC</u> |
| ACKNOWLEDGMENT I acknowledge that I have received information regarding 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 <u>Kevin M. Meeboer</u> Date <u>08-20-90</u> The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____ | | ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Valerie Johnson</u> Date <u>08-20-90</u> The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____ | |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Kevin M. Meeboer</u> New Address <u>1050 N. Exeter, Indpls IN 46222</u> Subscribed and sworn to before me this <u>20th</u> day of <u>August</u> , 19 <u>90</u> <u>Connie Lawton</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Valerie Johnson</u> New Address <u>1050 N. Exeter, Indpls IN 46222</u> Subscribed and sworn to before me this <u>20th</u> day of <u>August</u> , 19 <u>90</u> <u>Connie Lawton</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ Clerk _____ | |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 08-20-90, authorizing the marriage of KEVIN WILLIAM MEEBOER and VALERIE JO JOHNSON.

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

I, ROBERT TIBBS (name), certify that on 8-25-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, KEVIN WILLIAM MEEBOER of HENDRICKS County, IN (state), and VALERIE JOHNSON of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-25-90.

Signed by: /s/ ROBERT TIBBS REVEREND (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-28-90 (date).

Signed Connie Lawton Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 483

File _____

HENDRICKS CountyDate of Application 8-20-90

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 Robert D. Miller

| MALE APPLICANT | FEMALE APPLICANT |
|---|---|
| Name <u>Jeffrey Allen</u> <u>Shorter</u> | Name <u>Sandra Marie</u> <u>Bilyeu</u> |
| Date of Birth <u>5</u> <u>26</u> <u>71</u> | Date of Birth <u>4</u> <u>17</u> <u>71</u> |
| Place of Birth (State or foreign country) <u>MO</u> | Place of Birth (State or foreign country) <u>MO</u> |
| Residence Address <u>Box 138</u> <u>Hartsville, Ind.</u> | Residence Address <u>465 E. 100 N.</u> <u>Hartsville</u> |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dulcification</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | (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 <u>David J. Shorter</u> Residence of father (if deceased, so state) <u>Hartsville, Ind.</u> Birthplace of father (State or foreign country) <u>Ind.</u> | 7. (a) Full name of applicant's father <u>Phillip Ray Bilyeu</u> Residence of father (if deceased, so state) <u>Hartsville, Ind.</u> Birthplace of father (State or foreign country) <u>Ind.</u> |
| (b) Full maiden name of applicant's mother <u>Shirley G. Butcher</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>Ind.</u> | (b) Full maiden name of applicant's mother <u>Paradise Marie Sargent</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>Ind.</u> |
| 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 <u>Jeffrey Allen Shorter</u> Date <u>8-20-90</u> | Signature of Applicant <u>Sandra M. Bilyeu</u> Date <u>8-20-90</u> |
| 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed <u>Jeffrey Allen Shorter</u> | Signed <u>Sandra M. Bilyeu</u> |
| New Address <u>10000 Hammond Rd. #199</u> | New Address _____ |
| Subscribed and sworn to before me this <u>20</u> day of <u>Aug</u> , 19 <u>90</u> <u>Connie Dawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | Subscribed and sworn to before me this <u>20</u> day of <u>Aug</u> , 19 <u>90</u> <u>Connie Dawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: | State of Indiana <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

I 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 JEFFREY A. SHORTER and SANDRA M. BILYEU.

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

I, PHILLIP R. BILYEU (name), certify that on 8-25-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, JEFFREY A. SHORTER of HENDRICKS County, IN (state), and SANDRA M. BILYEU of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-20-90.

Signed by: /s/ PHILLIP BILYEU MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-28-90 (date).

Signed Connie Dawson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 484
File 8-2090
Date of Application

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

Female
Medical Examination or Report Dated _____
Name of Physician Donald P. Johnson

| MALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Adopted</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children. <u>Richard L. Farrington</u> | | | | |
| 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 <u>Richard L. Farrington</u> Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Ind.</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Virginia Hinkley</u> Residence of mother (if deceased, so state) <u>Bay City, Maine Ind.</u> Birthplace of mother (State or foreign country) <u>Ind.</u> | | | | |

| FEMALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Adopted</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children. <u>Jennifer Lynn</u> | | | | |
| 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 <u>William C. Edwards Jr.</u> Residence of father (if deceased, so state) <u>Brookston, Ind.</u> Birthplace of father (State or foreign country) <u>Al.</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Jamima Jane Edwards</u> Residence of mother (if deceased, so state) <u>Ind.</u> Birthplace of mother (State or foreign country) <u>Ind.</u> | | | | |

| ACKNOWLEDGMENT | |
|--|---------------------|
| I acknowledge that I have received information regarding 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 <u>Richard L. Farrington</u> | Date <u>8/20/90</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court _____ | Date _____ |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Richard L. Farrington</u> | |
| New Address <u>Same as above</u> | |
| Subscribed and sworn to before me this <u>20</u> day of <u>Aug</u> , 19 <u>90</u> | |
| <u>Donna Johnson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |

| ACKNOWLEDGMENT | |
|--|---------------------|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant <u>Carol A. Bennett</u> | Date <u>8/21/90</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court _____ | Date _____ |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Carol A. Bennett</u> | |
| New Address _____ | |
| Subscribed and sworn to before me this _____ day of _____, 19____ | |
| _____, Clerk of the <u>HENDRICKS</u> Circuit Court | |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--------|
| We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ | |
| State of Indiana <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: | |
| Signed _____ | Father |
| Signed _____ | Mother |
| Subscribed and sworn to before me this _____ day of _____, 19____ | |
| _____, Clerk | |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I 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 office:
I, A. W. FARNSWORTH IV (name), certify that on 9-7-90 (date), at DANVILLE in HENDRICKS County, Indiana, RICHARD L. FARRINGTON of HENDRICKS County, IN (state), and CAROL ANN BENNETT of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-7-90.

Signed by: /s/ A. W. FARNSWORTH IV MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 9-17-90 (date).
Signed Donna Johnson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 485

File

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 Joseph Thompson

MALE APPLICANT

Name First Middle Last
Donald Eugene Reed
Date of Birth Month Day Year
6 29 77
Place of Birth (State or foreign country)
ID
Residence Address Street or R.R. City County State
PO Box 25 Dayton ID
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 ☐
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)
Birthplace of mother (State or foreign country)
- (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)

FEMALE APPLICANT

Name First Middle Last
Michelle Kay Burnett
Date of Birth Month Day Year
8 13
Place of Birth (State or foreign country)
ID
Residence Address Street or R.R. City County State
Rt 1 Box 403 Dayton ID
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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)
Birthplace of mother (State or foreign country)
- (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 Donald E. Reed Date

The above applicant has 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 Donald E. Reed

New Address

Subscribed and sworn to before me this 20 day of Aug, 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)
County of HENDRICKS) ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Michelle Burnett Date

The above applicant has 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 Michelle Burnett

New Address

Subscribed and sworn to before me this 20 day of Aug, 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)
County of HENDRICKS) ss:

Signed James L. Burnett Father

Signed Sandra K. Edwards Mother

Subscribed and sworn to before me this day of 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 DONALD E. REED and MICHELLE K. BURNETT.

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

I, CYNTHIA J. SPENCE (name), certify that on 8-20-90 (date), at DANVILLE in HENDRICKS County, Indiana, DONALD E. REED of HENDRICKS County, IN (state), and MICHELLE K. BURNETT of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-20-90.

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 8-20-90 (date).

Signed Loisie Spence 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

No. 486

File _____

Date of Application 8-21-90

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 8-14-90
Name of Physician Joseph Thompson

| MALE APPLICANT | FEMALE APPLICANT |
|---|---|
| Name <u>Kelly Lynn Angrick</u> | Name <u>Dawn Christina Hendricks</u> |
| Date of Birth <u>Sept 12 1967</u> | Date of Birth <u>Mar 19 1968</u> |
| Place of Birth (State or foreign country) <u>Ind.</u> | Place of Birth (State or foreign country) <u>Ind.</u> |
| Residence Address <u>9880 W. 10th St Lot 40-5, Maplewood</u> | Residence Address <u>9880 W. 10th St Lot 40-5, Maplewood</u> |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | (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 <u>Gary Angrick</u> Residence of father (if deceased, so state) <u>Chickasaw, Ok</u> Birthplace of father (State or foreign country) <u>Ind.</u> | 7. (a) Full name of applicant's father <u>Danny Lee Hendricks</u> Residence of father (if deceased, so state) <u>Newton, FL</u> Birthplace of father (State or foreign country) <u>Ind.</u> |
| (b) Full maiden name of applicant's mother <u>Deanne Sue Hughes</u> Residence of mother (if deceased, so state) <u>same</u> Birthplace of mother (State or foreign country) <u>Ky.</u> | (b) Full maiden name of applicant's mother <u>W. Evelyn Sue Tolton</u> Residence of mother (if deceased, so state) <u>Danielle, Ind.</u> Birthplace of mother (State or foreign country) <u>Ind.</u> |
| 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 <u>Kelly L. Angrick</u> Date <u>Aug. 22-90</u> | Signature of Applicant <u>Dawn C. Hendricks</u> Date <u>8/21/90</u> |
| 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed <u>Kelly L. Angrick</u> | Signed <u>Dawn C. Hendricks</u> |
| New Address <u>9880 W. 10th St Lot 40-5 Indianapolis</u> | New Address <u>9880 W. 10th St Lot 40-5 Indianapolis</u> |
| Subscribed and sworn to before me this <u>22</u> day of <u>Aug</u> , 19 <u>90</u> | Subscribed and sworn to before me this <u>21</u> day of <u>Aug</u> , 19 <u>90</u> |
| Clerk of the <u>HENDRICKS</u> Circuit Court | Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: | State of Indiana <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-22-90, 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 Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 487

File _____

Date of Application 8-21-90

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 Robert Diello

| MALE APPLICANT | | | | |
|---|---|--------------------------|------------------|-------|
| Name | First <u>Victor</u> | Middle <u>E.</u> | Last <u>Ward</u> | |
| Date of Birth | Month <u>7</u> | Day <u>24</u> | Year <u>57</u> | |
| Place of Birth (State or foreign country) <u>IN</u> | | | | |
| Residence Address | Street or R.R. <u>2415 E. Kelly St.</u> | City <u>Indianapolis</u> | County | State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lio</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>Willy E. Ward</u> Residence of father (if deceased, so state) <u>Indianapolis</u> Birthplace of father (State or foreign country) <u>IN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Willa E. Stewart</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IN</u> | | | | |

| FEMALE APPLICANT | | | | |
|---|--|--------------------------|---------------------|-------|
| Name | First <u>Patricia</u> | Middle <u>A.</u> | Last <u>Gilliam</u> | |
| Date of Birth | Month <u>12</u> | Day <u>12</u> | Year <u>48</u> | |
| Place of Birth (State or foreign country) <u>IN</u> | | | | |
| Residence Address | Street or R.R. <u>1645 E. Main St.</u> | City <u>Indianapolis</u> | County | State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lio</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children. <u>Patricia A. Gilliam</u> <u>Patricia A. Gilliam</u> | | | | |
| 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 <u>Malvin Gene Jackson</u> Residence of father (if deceased, so state) <u>Pepp. Ind.</u> Birthplace of father (State or foreign country) <u>IN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Martha Catherine Herbert</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IN</u> | | | | |

| ACKNOWLEDGMENT | |
|--|---------------------|
| I acknowledge that I have received information regarding 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 <u>Victor E. Ward</u> | Date <u>8-21-90</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court _____ | Date _____ |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Victor E. Ward</u> | |
| New Address _____ | |
| Subscribed and sworn to before me this <u>21</u> day of <u>Aug</u> , 19 <u>90</u> | |
| Clerk of the <u>HENDRICKS</u> Circuit Court <u>Bonnie Johnson</u> | |

| ACKNOWLEDGMENT | |
|--|---------------------|
| I acknowledge that I have received information regarding 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 <u>Patricia A. Gilliam</u> | Date <u>8-21-90</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court _____ | Date _____ |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Patricia A. Gilliam</u> | |
| New Address _____ | |
| Subscribed and sworn to before me this <u>21</u> day of <u>Aug</u> , 19 <u>90</u> | |
| Clerk of the <u>HENDRICKS</u> Circuit Court <u>Bonnie Johnson</u> | |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--------|
| We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ | |
| State of Indiana <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: | |
| Signed _____ | Father |
| Signed _____ | Mother |
| Subscribed and sworn to before me this _____ day of _____, 19____ | |
| Clerk _____ | |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 VICTOR E. WARD and PATRICIA A. GILLIAM.

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

I, GRANT SMITH (name), certify that on 8-28-90 (date), at MARS HILL in MARION County, Indiana, VICTOR E. WARD of MARION County, IN (state), and PATRICIA A. GILLIAM of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-28-90.

Signed by: /s/ GRANT SMITH, MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-30-90 (date).

Signed Bonnie Johnson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 488
File 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
Medical Examination or Report Dated 8-17-90
Name of Physician R. Stegemoller, M.D.

| MALE APPLICANT | |
|---|---|
| Name | <u>Anthony Wayne Nicholson</u> |
| Date of Birth | <u>Month 1 Day 65 Year</u> |
| Place of Birth (State or foreign country) | <u>Danville, In.</u> |
| Residence Address | <u>11 Purpus Dr. Danville, In.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's Lic.</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>Clarence Waymon Nicholson</u> |
| Residence of father (if deceased, so state) | <u>Marengo, In.</u> |
| Birthplace of father (State or foreign country) | <u>Arkansas</u> |
| (b) Full maiden name of applicant's mother | <u>Linda Kay Spurlin</u> |
| Residence of mother (if deceased, so state) | <u>Indianapolis, In.</u> |
| Birthplace of mother (State or foreign country) | <u>Indiana</u> |

| FEMALE APPLICANT | |
|--|---|
| Name | <u>Rosemary Lynn Kiser</u> |
| Date of Birth | <u>Month 9 Day 28 Year 67</u> |
| Place of Birth (State or foreign country) | <u>Tray, Ohio</u> |
| Residence Address | <u>11 Purpus Dr. Danville, In.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's Lic.</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>Kenneth Rae Kiser</u> |
| Residence of father (if deceased, so state) | <u>Danville, In.</u> |
| Birthplace of father (State or foreign country) | <u>Ohio</u> |
| (b) Full maiden name of applicant's mother | <u>Leah Ann Salomon</u> |
| Residence of mother (if deceased, so state) | <u>Danville, In.</u> |
| Birthplace of mother (State or foreign country) | <u>Ohio</u> |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding 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 | <u>Tony W. Nicholson</u> Date <u>8-21-90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: | I swear/affirm that the information given in this application is true and correct. |
| Signed <u>Tony W. Nicholson</u> | |
| New Address <u>SAME</u> | |
| Subscribed and sworn to before me this <u>21st</u> day of <u>Aug</u> , 19 <u>90</u> | |
| <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>Rosemary Lynn Kiser</u> Date <u>8-21-90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: | I swear/affirm that the information given in this application is true and correct. |
| Signed <u>Rosemary Lynn Kiser</u> | |
| New Address <u>SAME</u> | |
| Subscribed and sworn to before me this <u>21st</u> day of <u>Aug</u> , 19 <u>90</u> | |
| <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--------|
| We, the parents of this applicant, hereby 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 <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: | |
| Signed _____ | Father |
| Signed _____ | Mother |
| Subscribed and sworn to before me this _____ day of _____, 19 _____ | |
| _____ Clerk | |

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

| RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE | |
|--|-------|
| I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>8-21-90</u> , authorizing the marriage of <u>ANTHONY WAYNE NICHOLSON</u> and <u>ROSEMARY LYNN KISER</u> . | |
| I further certify that the following marriage certificate was filed in my office: | |
| I, <u>RAYMOND L. RADER</u> (name), certify that on <u>8-25-90</u> (date), at <u>DANVILLE</u> in <u>HENDRICKS</u> County, Indiana, <u>ANTHONY WAYNE NICHOLSON</u> of <u>HENDRICKS</u> County, <u>IN</u> (state), and <u>ROSEMARY LYNN KISER</u> of <u>HENDRICKS</u> County, <u>IN</u> (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>8-25-90</u> . | |
| Signed by: <u>/s/ RAYMOND L. RADER</u> , MINISTER (official designation) | |
| Filed and recorded in accordance with the laws of the State of Indiana on <u>8-31-90</u> (date). | |
| Signed <u>Connie Lawson</u> | Clerk |
| <u>HENDRICKS</u> Circuit Court | |

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 489

File

8-22-90

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 8-22-90
Name of Physician Allen Baker

MALE APPLICANT

Name Dennis R. Joseph
Date of Birth Nov. 14 1966
Place of Birth (State or foreign country) Ind.
Residence Address 2651 A Cold Spring Manor Dr. Indianapolis
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) Dr. Joseph

- Are you now 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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father John Joseph
Residence of father (if deceased, so state) Shippville Ky
Birthplace of father (State or foreign country) Ky
(b) Full maiden name of applicant's mother Oralene Caudill
Residence of mother (if deceased, so state) Shippville Ky
Birthplace of mother (State or foreign country) Ky

FEMALE APPLICANT

Name Amy Sue Bowling
Date of Birth Dec 28 1969
Place of Birth (State or foreign country) Ind.
Residence Address 21 Krollawn Brownburg, Ind.
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father James M. Bowling
Residence of father (if deceased, so state) Ind.
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of applicant's mother Suzanne Straber
Residence of mother (if deceased, so state) Ind.
Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

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

Signature of Applicant Dennis R. Joseph Date 8-22-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Dennis R. Joseph

New Address 2651 A Cold Spring Manor Dr.

Subscribed and sworn to before me this 22 day of Aug, 1990
Connie Tate Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Amy S. Bowling Date 8-22-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Amy S. Bowling

New Address 2651 A Cold Spring Manor Dr.

Subscribed and sworn to before me this 22 day of Aug, 1990
Connie Tate Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-22-90, authorizing the marriage of DENNIS RAY JOSEPH and

AMY SUE BOWLING

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

I, CONNIE TATE (name), certify that on 8-22-90 (date), at DANVILLE in HENDRICKS County, Indiana, DENNIS RAY JOSEPH of MARION County, IN (state), and AMY SUE BOWLING of HENDRICKS County, IN (state) were 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/ CONNIE TATE, 1ST DEPUTY CLERK (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-22-90 (date).

Signed Connie Tate Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 490

File _____

HENDRICKS

County

Date of Application 8-22-90

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 N/A

| 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 | | | | |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | | | | | Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> | | | | | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children. <u>Sue Ann, Linda, Anne Helene, Roy Jr.</u> | | | | | 5. List the full names of any dependent children. <u>Susan Rose, Cheryl, Raymond Wilford Jr.</u> | | | | |
| 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 father <u>Charles Bernard Robinson</u> | | | | | 7. (a) Full name of applicant's father <u>Harry Kemp</u> | | | | |
| Residence of father (if deceased, so state) <u>Deceased</u> | | | | | Residence of father (if deceased, so state) <u>Deceased</u> | | | | |
| Birthplace of father (State or foreign country) <u>IN</u> | | | | | Birthplace of father (State or foreign country) <u>IN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Betty Jean Albee</u> | | | | | (b) Full maiden name of applicant's mother <u>Ollie Rose Russell</u> | | | | |
| Residence of mother (if deceased, so state) <u>Deceased</u> | | | | | Residence of mother (if deceased, so state) <u>Deceased</u> | | | | |
| Birthplace of mother (State or foreign country) <u>IN</u> | | | | | Birthplace of mother (State or foreign country) <u>IN</u> | | | | |

| 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 <u>[Signature]</u> | Date <u>8-22-90</u> | Signature of Applicant <u>[Signature]</u> | Date <u>8-22-90</u> |
| 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 <u>8</u> | Clerk of Court _____ | Date <u>8-2</u> |

| State of Indiana | | State of Indiana | |
|---|--|---|--|
| County of <u>HENDRICKS</u> | ss: I swear/affirm that the information given in this application is true and correct. | County of <u>HENDRICKS</u> | ss: I swear/affirm that the information given in this application is true and correct. |
| Signed <u>[Signature]</u> | | Signed <u>[Signature]</u> | |
| New Address _____ | | New Address <u>631 Alpha Ave, B. B. B. B.</u> | |
| Subscribed and sworn to before me this <u>22</u> day of <u>8</u> , 19 <u>90</u> | Clerk of the <u>HENDRICKS</u> Circuit Court | Subscribed and sworn to before me this <u>22</u> day of <u>8</u> , 19 <u>90</u> | Clerk of the <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u> | ss: _____ | State of Indiana <u>HENDRICKS</u> | 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 _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-22-90, authorizing the marriage of ROY C. ROBINSON and LUCY D. CAST.

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

I, CYNTHIA J. SPENCE (name), certify that on 8-22-90 (date), at DANVILLE in HENDRICKS County, Indiana, ROY C. ROBINSON of MARION County, IN (state), and LUCY D. CAST of HENDRICKS County, IN (state) were 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/ CYNTHIA J. SPENCE, 1ST DEPUTY CLERK (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-22-90 (date).

Signed [Signature] Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 491

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.

Female
Medical Examination or Report Dated 8-23-90
Name of Physician Richard Tanner

| MALE APPLICANT | FEMALE APPLICANT |
|---|---|
| <p>Name <u>Jerry</u> First <u>Allen</u> Middle <u>Young</u> Last</p> <p>Date of Birth <u>Sept</u> Month <u>2</u> Day <u>1955</u> Year</p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address Street or R.R. <u>1002 Kingsway Dr.</u> City <u>Harold</u> County <u>Hendricks</u> State <u>IN</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (State or foreign country) _____</p> <p>(b) Full maiden name of mother of dependent children _____ Residence of mother (if deceased, so state) _____ Birthplace of mother (State or foreign country) _____</p> <p>7. (a) Full name of applicant's father <u>Robert C. Young</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Mary Josephine Zener</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p> | <p>Name <u>Sherrie</u> First <u>Lynn</u> Middle <u>McNett</u> Last</p> <p>Date of Birth <u>October</u> Month <u>14</u> Day <u>1957</u> Year</p> <p>Place of Birth (State or foreign country) <u>Kansas</u></p> <p>Residence Address Street or R.R. <u>1002 Kingsway Dr.</u> City <u>Harold</u> County <u>Hendricks</u> State <u>IN</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____</p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (State or foreign country) _____</p> <p>(b) Full maiden name of mother of dependent children _____ Residence of mother (if deceased, so state) _____ Birthplace of mother (State or foreign country) _____</p> <p>7. (a) Full name of applicant's father <u>Jack Marvin McNett</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Rebecca Elaine Schultz</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Kansas</u></p> |
| ACKNOWLEDGMENT | ACKNOWLEDGMENT |
| <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Jerry A. Young</u> Date <u>8-23-90</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>Jerry A. Young</u></p> <p>New Address <u>SAME</u></p> <p>Subscribed and sworn to before me this <u>23</u> day of <u>Aug</u>, 19 <u>90</u></p> <p>Clerk of the <u>HENDRICKS</u> Circuit Court</p> | <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Sherrie L. McNett</u> Date <u>8-23-90</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>Sherrie L. McNett</u></p> <p>New Address <u>SAME</u></p> <p>Subscribed and sworn to before me this <u>28</u> day of <u>Aug</u>, 19 <u>90</u></p> <p>Clerk of the <u>HENDRICKS</u> Circuit Court</p> |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN | CONSENT OF PARENTS, PARENT, OR GUARDIAN |
| <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss:</p> <p>Signed _____ Father</p> <p>Signed _____ Mother</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____</p> <p>Clerk</p> | <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss:</p> <p>Signed _____ Father</p> <p>Signed _____ Mother</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____</p> <p>Clerk</p> |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-29-90, authorizing the marriage of JERRY ALLEN YOUNG and SHERRIE LYNN MCNETT.

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

I, MYRON BARNARD (name), certify that on 9-1-90 (date), at INDIANAPOLIS in MARION County, Indiana, JERRY ALLEN YOUNG of HENDRICKS County, IN (state), and SHERRIE LYNN MCNETT of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-1-90.

Signed by: /s/ MYRON BARNARD JUDGE (official designation)

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

Signed Barbara E. Johnson 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

No. 492

File _____

HENDRICKS County8-23-90
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 8-23-90
Name of Physician R. Stegmüller

| MALE APPLICANT | FEMALE APPLICANT |
|--|---|
| <p>Name <u>Jeffrey L. McVeigh</u> Date of Birth <u>Nov 26 1970</u> Place of Birth (State or foreign country) <u>Ill.</u> Residence Address <u>302 N. Center St. Plainfield</u> City <u>Plainfield</u> State <u>Ill.</u> Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____</p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____</p> <p>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) _____</p> <p>7. (a) Full name of applicant's father <u>Paul C. McVeigh</u> Residence of father (if deceased, so state) <u>Danville, Ill.</u> Birthplace of father (State or foreign country) <u>Ill.</u> (b) Full maiden name of applicant's mother <u>Mary D. Gursid</u> Residence of mother (if deceased, so state) <u>Ill.</u> Birthplace of mother (State or foreign country) <u>Ill.</u></p> | <p>Name <u>Elizabeth A. Messick</u> Date of Birth <u>Aug 3 1972</u> Place of Birth (State or foreign country) <u>Ill.</u> Residence Address <u>302 N. Center St. Plainfield</u> City <u>Plainfield</u> State <u>Ill.</u> Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____</p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____</p> <p>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) _____</p> <p>7. (a) Full name of applicant's father <u>Joseph W. Messick</u> Residence of father (if deceased, so state) <u>Danville, Ill.</u> Birthplace of father (State or foreign country) <u>Ill.</u> (b) Full maiden name of applicant's mother <u>Bonnie Foubert</u> Residence of mother (if deceased, so state) <u>Ill.</u> Birthplace of mother (State or foreign country) <u>Ill.</u></p> |
| <p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Jeffrey L. McVeigh</u> Date _____</p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. County of _____)</p> <p>Signed <u>Jeffrey L. McVeigh</u> New Address <u>302 N. Center St. Plainfield, Ill. 46168</u></p> <p>Subscribed and sworn to before me this <u>23</u> day of <u>Aug.</u>, 19<u>90</u> <u>Bonnie Foubert</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> | <p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Elizabeth A. Messick</u> Date _____</p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. County of _____)</p> <p>Signed <u>Elizabeth A. Messick</u> New Address <u>302 N. Center St. Plainfield, Ill. 46168</u></p> <p>Subscribed and sworn to before me this <u>23</u> day of <u>Aug.</u>, 19<u>90</u> <u>Bonnie Foubert</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> |
| <p style="text-align: center;">CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: County of _____)</p> <p>Signed _____ Father Signed _____ Mother</p> <p>Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk</p> | <p style="text-align: center;">CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: County of _____)</p> <p>Signed _____ Father Signed _____ Mother</p> <p>Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk</p> |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JEFFREY L. McVEIGH and ELIZABETH A. MESSICK.

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

I, JANICE S. CHILEWSKI (name), certify that on 8-23-90 (date), at DANVILLE in HENDRICKS County, Indiana, JEFFREY L. McVEIGH of HENDRICKS County, IN (state), and ELIZABETH A. MESSICK of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-23-90.

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 8-23-90 (date).

Signed Bonnie Foubert Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 493

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.

Female

Medical Examination or Report Dated

Name of Physician

| MALE APPLICANT | | | | | |
|---|----------------|--------|--------|-------|--|
| Name | First | Middle | Last | | |
| Date of Birth | Month | Day | Year | | |
| Place of Birth (State or foreign country) | | | | | |
| Residence Address | Street or R.R. | City | County | State | |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Dr. Lic. | | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 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 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) | | | | | |

| FEMALE APPLICANT | | | | | |
|---|----------------|--------|--------|-------|--|
| Name | First | Middle | Last | | |
| Date of Birth | Month | Day | Year | | |
| Place of Birth (State or foreign country) | | | | | |
| Residence Address | Street or R.R. | City | County | State | |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Dr. Lic. | | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 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 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 | Date |
| The above applicant has 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 | |
| New Address | |
| Subscribed and sworn to before me this 23 day of August, 19 90 | |
| Clerk of the HENDRICKS Circuit Court | |

| ACKNOWLEDGMENT | |
|--|------|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | Date |
| The above applicant has 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 | |
| New Address | |
| Subscribed and sworn to before me this 23 day of Aug, 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) County of HENDRICKS) ss: | |
| Signed | |
| Signed | |
| Subscribed and sworn to before me this day of 19 | |
| Clerk | |

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 MATTHEW A. WILLIAMS and JODY M. BROWN.

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

I, DANIEL B. DONOHOO (name), certify that on 10-13-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, MATTHEW A. WILLIAMS of HENDRICKS County, IN (state), and JODY M. BROWN of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-18-90.

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

Filed and recorded in accordance with the laws of the State of Indiana on 10-16-90 (date).

Signed _____ 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

No. 494

File 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 8-13-90
Name of Physician Stephen C. Keeger

MALE APPLICANT

Name Larry First David Middle Griesemer Last
Date of Birth 1 Month 9 Day 49 Year
Place of Birth (State or foreign country) Cushing, Okla.
Residence Address P.O. Box 91 Street or R.R. Stilesville, In. City Stilesville, In. County Stilesville, In. State
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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. Timothy Larrissa 17yo

Sandra, 16yo, Sara 14yo, Dawna Bays, Jana 11yo, Marka 10yo.

- (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) _____
- (a) Full name of applicant's father Calvin Walter Griesemer
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Imila Lorraine Jenkins
Residence of mother (if deceased, so state) Indianapolis, In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Mary First Ann Middle St. John Last
Date of Birth 12 Month 5 Day 59 Year
Place of Birth (State or foreign country) Martinsville, In.
Residence Address P.O. Box 91 Street or R.R. Stilesville, In. City Stilesville, In. County Stilesville, In. State
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Charles Eugene St. John
Residence of father (if deceased, so state) Evansville, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Lula Fay
Residence of mother (if deceased, so state) Evansville, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Larry D. Griesemer Date 8-24-90

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

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed Larry D. Griesemer

New Address Same

Subscribed and sworn to before me this 24th day of Aug, 1990
Cornie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Mary Ann St John Date 8-24-90

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

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed Mary Ann St John

New Address Same

Subscribed and sworn to before me this 24th day of Aug, 1990
Cornie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 LARRY DAVID GRIESMER and MARY ANN ST. JOHN.

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

I, V. RAY DIXON (name), certify that on 9-14-90 (date), at STILESVILLE in HENDRICKS County, Indiana, LARRY DAVID GRIESMER of HENDRICKS County, IN (state), and MARY 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 Court of HENDRICKS County, Indiana, dated 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 Cornie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 495

File

Date of Application 8-24-90

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 8-20-90Name of Physician Angel Antez, M.D.

MALE APPLICANT

Name Harold R. Patterson
Date of Birth Jan 22 1939
Place of Birth (State or foreign country) Ind.
Residence Address Box 137 Stilesville, Ind.
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. Lori Patterson, Kelly Ann, Deanna Ann

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 Bluford K. Patterson
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Ind.

(b) Full maiden name of applicant's mother Mildred B. Perant
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name Sheryl L. Miller
Date of Birth Dec 1 1960
Place of Birth (State or foreign country) Ind.
Residence Address Box 127 Stilesville
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 ☐

5. List the full names of any dependent children. Melissa House

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 Eugene House
Residence of father (if deceased, so state) Spencer, Ind.
Birthplace of father (State or foreign country) Ind.

(b) Full maiden name of applicant's mother Louetta Perriek
Residence of mother (if deceased, so state) Spencer, Ind.
Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

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

Signature of Applicant Harold Patterson Date 24 Aug 90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Donna Nelson 24 Aug 90
New Address SAME AS ABOVE

Subscribed and sworn to before me this 24 day of Aug, 1990
Donna Nelson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Sheryl Miller Date 24 Aug 90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Sheryl Miller
New Address SAME

Subscribed and sworn to before me this 24 day of Aug, 1990
Donna Nelson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 office:

I, ALEX R. VOILS JR. (name), certify that on 9-8-90 (date), at STILESVILLE in HENDRICKS County, Indiana, HAROLD ROBERT PATTERSON of HENDRICKS County, IN (state), and SHERYL LYNN MILLER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-14-90.

Signed by: /s/ ALEX R. VOILS JR. JUDGE PRO TEMPORE (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-14-90 (date).

Signed Donna Nelson 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

No. 496

File _____

Date of Application 8-24-90

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 1-2-90
Name of Physician Dr. Marshall

MALE APPLICANT

Name John David Ayres
Date of Birth Feb 9 1972
Place of Birth (State or foreign country) Ind.
Residence Address 3236 N. W. Rd Apt 16 Indianapolis Ind.
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 ☐
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. Faith Tara Ayres
- (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) _____
- (a) Full name of applicant's father Robert J Ayres
Residence of father (if deceased, so state) Clayton, Ind.
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of applicant's mother Ursula Reichert
Residence of mother (if deceased, so state) Greenwood, Ind.
Birthplace of mother (State or foreign country) Germany

FEMALE APPLICANT

Name Deborah Devon Doty
Date of Birth May 9 1972
Place of Birth (State or foreign country) Ind.
Residence Address 3236 N. W. Rd Apt 16 Indianapolis Ind.
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? No ☒ Yes ☐
- List the full names of any dependent children. Faith Tara Ayres
- (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) _____
- (a) Full name of applicant's father Allen F Doty
Residence of father (if deceased, so state) Pelham, Ind.
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of applicant's mother Deborah D. Grider
Residence of mother (if deceased, so state) Ellettsburg, Ind.
Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

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

Signature of Applicant X John David Ayres Date 8-24-90

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

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS)

Signed X John David Ayres
New Address Same

Subscribed and sworn to before me this 24 day of Aug, 19 90
Cornie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana _____) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant X Deborah Devon Doty Date 8-24-90

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

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS)

Signed X Deborah Devon Doty
New Address Same

Subscribed and sworn to before me this 24 day of Aug, 19 90
Cornie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana _____) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JOHN DAVID AYRES and DEBORAH DEVON DOTY.

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

I, JANICE S. CHILEWSKI (name), certify that on 8-24-90 (date), at DANVILLE in HENDRICKS County, Indiana, JOHN DAVID AYRES of HENDRICKS County, IN (state), and DEBORAH DEVON DOTY of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-24-90.

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 8-24-90 (date).

Signed Cornie Lawson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 497

File _____

HENDRICKS CountyDate of Application 8-24-90

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 J. Dransell

| MALE APPLICANT | | | | | |
|---|-------|--------|------|--|--|
| Name | First | Middle | Last | | |
| Date of Birth | Month | Day | Year | | |
| Place of Birth (State or foreign country) | | | | | |
| Residence Address Street or R.R. City County State | | | | | |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Adopted</u> | | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 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 applicant's father <u>Carl Eugene B. Bartley</u> Residence of father (if deceased, so state) _____ Birthplace of father (State or foreign country) _____ | | | | | |
| (b) Full maiden name of applicant's mother <u>Jane K. Smith</u> Residence of mother (if deceased, so state) <u>Mooreville Ind.</u> Birthplace of mother (State or foreign country) <u>Ind.</u> | | | | | |

| FEMALE APPLICANT | | | | | |
|---|-------|--------|------|--|--|
| Name | First | Middle | Last | | |
| Date of Birth | Month | Day | Year | | |
| Place of Birth (State or foreign country) | | | | | |
| Residence Address Street or R.R. City County State | | | | | |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | | |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 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 applicant's father <u>Harold W. Ford</u> Residence of father (if deceased, so state) <u>Mooreville Ind.</u> Birthplace of father (State or foreign country) <u>Ind.</u> | | | | | |
| (b) Full maiden name of applicant's mother <u>Jane M. Hanson</u> Residence of mother (if deceased, so state) <u>Mooreville Ind.</u> Birthplace of mother (State or foreign country) <u>Ind.</u> | | | | | |

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Scott E. Bartley Date 8-24-90

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 _____

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Tina M. Lloyd Date 8-24-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Scott E. Bartley

New Address _____

Subscribed and sworn to before me this 24 day of Aug., 1990
Connie Spurr Clerk of the HENDRICKS Circuit Court

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Tina M. Lloyd

New Address _____

Subscribed and sworn to before me this 24 day of Aug., 1990
Connie Spurr Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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
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 HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 SCOTT E. BARTLEY and TINA M. LLOYD.

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

I, MICHAEL L. ELLINGTON (name), certify that on 8-25-90 (date), at MOORESVILLE in MORGAN County, Indiana, SCOTT E. BARTLEY of HENDRICKS County, IN (state), and TINA M. LLOYD of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-25-90.

Signed by: /s/ MICHAEL L. ELLINGTON MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-28-90 (date).

Signed Connie Spurr 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

No. 498

File

8-27-90
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 8-22-90
Name of Physician L. Trammell

| MALE APPLICANT | FEMALE APPLICANT |
|---|---|
| <p>Name <u>Matthew</u> <u>Wayne</u> <u>Schneider</u> Date of Birth <u>November</u> <u>17</u> <u>1966</u> Place of Birth <u>Indianapolis, Indiana, Marion County</u> Residence Address <u>1201 Carson Way Apt #303 Greenwood, IN 46143</u> Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Driver's License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>No</u></p> <p>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) _____</p> <p>7. (a) Full name of applicant's father <u>James Wayne Schneider</u> Residence of father (if deceased, so state) <u>Ohio</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Charlotte Ann Harris</u> Residence of mother (if deceased, so state) <u>Ohio</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p> | <p>Name <u>Barbara</u> <u>Frances</u> <u>Cain</u> Date of Birth <u>April</u> <u>1</u> <u>1968</u> Place of Birth <u>Indianapolis, Indiana, Boone Co.</u> Residence Address <u>306 Stegna Rd. Plainfield, IN 46168</u> Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Driver's License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>No</u></p> <p>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) _____</p> <p>7. (a) Full name of applicant's father <u>Thomas Alton Cain</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Patricia Marie Reese</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p> |
| ACKNOWLEDGMENT | ACKNOWLEDGMENT |
| <p>I acknowledge that I have received information regarding 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 <u>Matthew W. Schneider</u> Date <u>8-27-90</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. County of _____) Signed <u>Matthew W. Schneider</u> New Address <u>1201 Carson Way Apt #303 Greenwood IN 46143</u> Subscribed and sworn to before me this <u>27th</u> day of <u>August</u>, 19<u>90</u> <u>Cornie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> | <p>I acknowledge that I have received information regarding 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 <u>Barbara F. Cain</u> Date <u>8-27-90</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. County of _____) Signed <u>Barbara F. Cain</u> New Address <u>1201 Carson Way Apt #303 Greenwood IN 46143</u> Subscribed and sworn to before me this <u>27th</u> day of <u>August</u>, 19<u>90</u> <u>Cornie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN | CONSENT OF PARENTS, PARENT, OR GUARDIAN |
| <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: County of _____) Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk</p> | <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: County of _____) Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk</p> |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 MATTHEW WAYNE SCHNEIDER and BARBARA FRANCES CAIN.

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

I, H. THOMAS PITCHER (name), certify that on 9-8-90 (date), at DANVILLE in HENDRICKS County, Indiana, MATTHEW WAYNE SCHNEIDER of JOHNSON County, IN (state), and BARBARA FRANCES CAIN of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-27-90.

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).

Signed Cornie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 499

File _____

HENDRICKS County

Date of Application _____

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

Female

Medical Examination or Report Dated _____

Name of Physician _____

| MALE APPLICANT | FEMALE APPLICANT |
|--|---|
| Name <u>Alan</u> First <u>U.</u> Middle <u>Bennett</u> Last | Name <u>Barbara</u> First <u>S.</u> Middle <u>Henry</u> Last |
| Date of Birth <u>July 2</u> Month <u>1949</u> Day Year | Date of Birth <u>June 9</u> Month <u>1947</u> Day Year |
| Place of Birth (State or foreign country) <u>Boyle Co. Vigo County</u> | Place of Birth (State or foreign country) <u>Austin, Minnesota</u> |
| Residence Address <u>1730 Ramsey Ave, Plainfield, Ind. 46168</u> | Residence Address <u>1730 Ramsey Ave, Plainfield, Ind. 46168</u> |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Divorce Decree</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Divorce Decree</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children: <u>Mark A. Bennett</u> | 5. List the full names of any dependent children: <u>Samantha J. Henry, Brian K. Henry</u> |
| 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) _____ | 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 <u>Charles S. Bennett</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Frances S. Boyle</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u> | 7. (a) Full name of applicant's father <u>Newton C. Statler</u> Residence of father (if deceased, so state) <u>Ill.</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Mildred C. Spear</u> Residence of mother (if deceased, so state) <u>Ill.</u> Birthplace of mother (State or foreign country) <u>Minnesota</u> |
| 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 <u>Alan D. Bennett</u> Date <u>8/27/90</u> | Signature of Applicant <u>Barbara S. Henry</u> Date <u>8-27-90</u> |
| 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed <u>Alan D. Bennett</u> | Signed <u>Barbara S. Henry</u> |
| New Address <u>SAME</u> | New Address <u>SAME</u> |
| Subscribed and sworn to before me this _____ day of _____, 19____ | Subscribed and sworn to before me this _____ day of _____, 19____ |
| Clerk of the <u>HENDRICKS</u> Circuit Court | Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: | State of Indiana <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

I 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 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, IN (state), and BARBARA SUE HENRY of HENDRICKS County, IN (state) were 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 laws of the State of Indiana on 9-6-90 (date).

Signed Ronnie Hanson 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

No. 500

File

8-27-90
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 David Halley

MALE APPLICANT

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

- Are you now 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)
Birthplace of mother (State or foreign country)
- (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)

FEMALE APPLICANT

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

- Are you now 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 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? 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)
Birthplace of mother (State or foreign country)
- (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 Jay Alan Myers Date 27 Aug 90

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

Clerk of Court _____ Date _____

State of Indiana _____)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jay Alan Myers

New Address same as above

Subscribed and sworn to before me this 27 day of Aug, 19 90
Ronnie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana _____)
County of HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Kathleen L. Yeryar 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.

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 Kathleen L. Yeryar

New Address _____

Subscribed and sworn to before me this 27 day of Aug, 19 90
Ronnie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana _____)
County of HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 office:

I, JAMES A. JONES (name), certify that on 9-1-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, JAY A. MYERS of INDIAN RIVER County, FLORIDA (state), and KATHLEEN L. YERYAR of HENDRICKS County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-1-90.

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).

Signed Ronnie Johnson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 501

File

Date of Application 8-27-90

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 8-20-90Name of Physician Robert Umsted

MALE APPLICANT

Name Jerd K. Cameron
Date of Birth Aug 27 1963
Place of Birth (State or foreign country) Illinois
Residence Address 1534 James Dr. Plainfield
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 ☒
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): _____
Birthplace of mother (State or foreign country): _____
- (a) Full name of applicant's father: James D. Cameron
Residence of father (if deceased, so state): deceased
Birthplace of father (State or foreign country): Ill
(b) Full maiden name of applicant's mother: Bettina Bates
Residence of mother (if deceased, so state): deceased
Birthplace of mother (State or foreign country): Illinois

FEMALE APPLICANT

Name Robin L. Kennedy
Date of Birth Oct 2 1963
Place of Birth (State or foreign country) Illinois
Residence Address 1534 James Dr. Plainfield
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 ☒
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? No ☐ Yes ☒
- List the full names of any dependent children: Samara Koch

- (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): _____
- (a) Full name of applicant's father: Gerry C. Bateman
Residence of father (if deceased, so state): Greenfield, Ill.
Birthplace of father (State or foreign country): Ill.
(b) Full maiden name of applicant's mother: Kathy Deason
Residence of mother (if deceased, so state): Fortville, Ill.
Birthplace of mother (State or foreign country): Ill.

ACKNOWLEDGMENT

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

Signature of Applicant X J K C 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed X J K C

New Address _____

Subscribed and sworn to before me this 27 day of Aug. 1990
Connie Hanson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant X Robin L. Kennedy 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Robin L. Kennedy

New Address _____

Subscribed and sworn to before me this 27 day of Aug. 1990
Connie Hanson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JERD K. CAMERON and ROBIN L. KENNEDY.

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

I, STEVEN T. REEVES (name), certify that on 9-1-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, JERD K. CAMERON of HENDRICKS County, IN (state), and ROBIN L. KENNEDY of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-27-90.

Signed by: /s/ STEVEN T. REEVES PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-5-90 (date).

Signed Connie Hanson 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

No. 502

File _____

HENDRICKS CountyDate of Application 8-28-90

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 William E. Bates

| MALE APPLICANT | FEMALE APPLICANT |
|---|---|
| Name <u>Walter L. Bates</u> First <u>Walter</u> Middle <u>L.</u> Last <u>Bates</u> | Name <u>Nancy J. James</u> First <u>Nancy</u> Middle <u>J.</u> Last <u>James</u> |
| Date of Birth <u>3-25-49</u> Month <u>3</u> Day <u>25</u> Year <u>49</u> | Date of Birth <u>3-25-58</u> Month <u>3</u> Day <u>25</u> Year <u>58</u> |
| Place of Birth (State or foreign country) <u>OH</u> | Place of Birth (State or foreign country) <u>OH</u> |
| Residence Address <u>933 Walnut St. Dayton OH</u> Street or R.R. _____ City <u>Dayton</u> County _____ State <u>OH</u> | Residence Address <u>49 E. Sandusky St. Dayton OH</u> Street or R.R. _____ City <u>Dayton</u> County _____ State <u>OH</u> |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>See file</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>See file</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. <u>Missy J. Bates, Heather D. Bates</u> | 5. List the full names of any dependent children. <u>Matthew C. James, M. James</u> |
| 6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | (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 <u>Robert J. Bates</u> Residence of father (if deceased, so state) <u>Dayton Ohio</u> Birthplace of father (State or foreign country) <u>OH</u> | 7. (a) Full name of applicant's father <u>Warren E. James</u> Residence of father (if deceased, so state) <u>Dayton OH</u> Birthplace of father (State or foreign country) <u>OH</u> |
| (b) Full maiden name of applicant's mother <u>Shirley E. Bates</u> Residence of mother (if deceased, so state) <u>Dayton</u> Birthplace of mother (State or foreign country) <u>OH</u> | (b) Full maiden name of applicant's mother <u>Beverly J. James</u> Residence of mother (if deceased, so state) <u>Dayton</u> Birthplace of mother (State or foreign country) <u>OH</u> |
| 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 <u>Walter L. Bates</u> Date _____ | Signature of Applicant <u>Nancy J. James</u> 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed <u>Walter L. Bates</u> | Signed <u>Nancy J. James</u> |
| New Address _____ | New Address _____ |
| Subscribed and sworn to before me this <u>28</u> day of <u>Aug</u> , 19 <u>90</u> <u>Donna James</u> Clerk of the <u>HENDRICKS</u> Circuit Court | Subscribed and sworn to before me this <u>28</u> day of <u>Aug</u> , 19 <u>90</u> <u>Donna James</u> Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: _____ | State of Indiana <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-28-90, authorizing the marriage of WALTER L. BATES and NANCY J. JAMES.

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

I, TOMMY L. FARIS (name), certify that on 9-2-90 (date), at INDIANAPOLIS in 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 9-2-90

Signed by: /s/ TOMMY L. FARIS MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-5-90 (date).

Signed Donna James Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 503

File

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.

Female
Medical Examination or Report Dated 8/24/90
Name of Physician Judith Sutton M.D.

MALE APPLICANT

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

- Are you now 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. None

- (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)
- (a) Full name of applicant's father Paul William Thompson
Residence of father (if deceased, so state) Bainbridge, Ind.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Deborah Ann Large
Residence of mother (if deceased, so state) Michigan, Ind.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

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

- Are you now 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 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? No ☒ Yes ☐
- List the full names of any dependent children. None

- (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)
- (a) Full name of applicant's father Marion Clay Shemwell
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Texas
(b) Full maiden name of applicant's mother Flora Myrtle Cook
Residence of mother (if deceased, so state) Sharon County, Ky.
Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

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

X Signature of Applicant William Alan Thompson Date 8-28-90

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 _____

State of Indiana _____) ss: I swear/affirm that the information given in this application is true and correct.

Signed William Alan Thompson
New Address 2120 WANNESSA E. DR. Indpls. Ind. 46234

Subscribed and sworn to before me this 28 day of Aug., 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana _____) ss: _____

Signed _____ Father
Signed _____ Mother

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

ACKNOWLEDGMENT

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

X Signature of Applicant Shirley Marie Davis Date 8-28-90

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 _____

State of Indiana _____) ss: I swear/affirm that the information given in this application is true and correct.

Signed Shirley Marie Davis
New Address 2120 WANNESSA E. DR. Indpls. Ind. 46234

Subscribed and sworn to before me this 28 day of Aug., 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana _____) ss: _____

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8/28/90, authorizing the marriage of WILLIAM ALAN THOMPSON and SHIRLEY MARIE DAVIS.

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

I, CYNTHIA J. SPENCE (name), certify that on 8-31-90 (date), at DANVILLE in HENDRICKS County, Indiana, WILLIAM ALAN THOMPSON of HENDRICKS County, IN (state), and SHIRLEY DAVIS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-31-90.

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 8-31-90 (date).

Signed Connie Lawson 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

No. 504
File 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.

Female
Medical Examination or Report Dated 8-28-90
Name of Physician N.H. Nemelstein

| MALE APPLICANT | FEMALE APPLICANT |
|---|---|
| Name <u>Bradley Allen Biddle</u> | Name <u>Shelli Elizabeth Gill</u> |
| Date of Birth <u>2</u> Month <u>3</u> Day <u>21</u> Year <u>71</u> | Date of Birth <u>11</u> Month <u>23</u> Day <u>68</u> Year <u>68</u> |
| Place of Birth (State or foreign country) <u>Indianapolis, In.</u> | Place of Birth (State or foreign country) <u>Indianapolis, In.</u> |
| Residence Address <u>4074 S. Kentucky St. Danville, In.</u> | Residence Address <u>4074 S. Kentucky St. Danville, In.</u> |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: Never Married <input type="checkbox"/> OR |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>School records</u> | Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | 5. List the full names of any dependent children <u>Ryan Charles Gill 3 yrs.</u> |
| 6. (a) Full name of father of dependent children Residence of father (if deceased, so state) Birthplace of father (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) | (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 <u>Robert Russell Biddle</u> Residence of father (if deceased, so state) <u>Moravia, In.</u> Birthplace of father (State or foreign country) <u>Indiana</u> | 7. (a) Full name of applicant's father <u>Daniel Hugh Gill</u> Residence of father (if deceased, so state) <u>Danville, In.</u> Birthplace of father (State or foreign country) <u>Indiana</u> |
| (b) Full maiden name of applicant's mother <u>Deargianna Haggler</u> Residence of mother (if deceased, so state) <u>Moravia, In.</u> Birthplace of mother (State or foreign country) <u>Indiana</u> | (b) Full maiden name of applicant's mother <u>Sandra Kay Manning</u> Residence of mother (if deceased, so state) <u>Indianapolis, In.</u> Birthplace of mother (State or foreign country) <u>Indiana</u> |
| ACKNOWLEDGMENT I acknowledge that I have received information regarding 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 <u>Brad Biddle</u> Date <u>8-28-90</u> | ACKNOWLEDGMENT I acknowledge that I have received information regarding 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 <u>Shelli Gill</u> Date <u>8-28-90</u> |
| The 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Brad Biddle</u> New Address <u>Same</u> Subscribed and sworn to before me this <u>28th</u> day of <u>August</u> , 19 <u>90</u> <u>Connie Tause</u> Clerk of the <u>HENDRICKS</u> Circuit Court | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Shelli Gill</u> New Address <u>Same</u> Subscribed and sworn to before me this <u>28th</u> day of <u>August</u> , 19 <u>90</u> <u>Connie Tause</u> Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ Clerk |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-28-90, authorizing the marriage of BRADLEY ALLEN BIDDLE and SHELLI ELIZABETH GILL.

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

I, CONNIE TATE (name), certify that on 8-28-90 (date), at DANVILLE in HENDRICKS County, Indiana, BRADLEY ALLEN BIDDLE of HENDRICKS County, IN (state), and SHELLIE ELIZABETH GILL of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-28-90.

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

Filed and recorded in accordance with the laws of the State of Indiana on 8-28-90 (date).

Signed Connie Tause Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 505

File

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.

Female
Medical Examination or Report Dated _____
Name of Physician Eric Clark

MALE APPLICANT

Name Robert Lynn Crawley
Date of Birth Month 1 Day 3 Year 73
Place of Birth (State or foreign country) Texas
Residence Address 601 Old San Antonio Trail Mooreville
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 ☐
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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Robert Clinton Crawley
Residence of father (if deceased, so state) _____
Birthplace of father (State or foreign country) Texas
(b) Full maiden name of applicant's mother Debra Ruth Hostetler
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Mary Elizabeth Ann Mitchell
Date of Birth Month 10 Day 4 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address P.O. Box 267 Clanton IN
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Marlin David Mitchell
Residence of father (if deceased, so state) Georgia
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Cynthia Ann Morgan
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Robert Lynn Crawley Date 8-28-90

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 _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Robert Lynn Crawley

New Address _____

Subscribed and sworn to before me this 28 day of Aug, 1990
Ronnie Spurgeon Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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

Signed Debra Bell Mother

Subscribed and sworn to before me this 28 day of Aug, 1990
Ronnie Spurgeon Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Mary Mitchell Date 8/28/90

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

Clerk of Court Mary Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Mary Mitchell

New Address _____

Subscribed and sworn to before me this 28 day of Aug, 1990
Ronnie Spurgeon Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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

Signed Cynthia A Tennell Mother

Subscribed and sworn to before me this 28 day of Aug, 1990
Ronnie Spurgeon Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-28-90, authorizing the marriage of ROBERT L. CRAWLEY and MARY E. ANN MITCHELL.

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

I, CYNTHIA J. SPENCE (name), certify that on 8-28th-90 (date), at DANVILLE in HENDRICKS County, Indiana, ROBERT L. CRAWLEY of MORGAN County, IN (state), and MARY E. ANN MITCHELL of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-28-90.

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 8-28-90 (date).

Signed Ronnie Spurgeon Clerk
HENDRICKS Circuit Court

APPLICATION FOR MARRIAGE LICENSE

No. 506

File _____

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.

Female

Medical Examination or Report Dated _____

Name of Physician Haggard

MALE APPLICANT

Name Stephen First Edwin Middle Cregar Last
Date of Birth Oct Month 27 Day 1947 Year
Place of Birth (State or foreign country) Indiana
Residence Address 2329 Decatur St. pld. Hendricks IN Street or R.R. City County State
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Robert W. Cregar
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of applicant's mother Clara O. Shepler
Residence of mother (if deceased, so state) Ind.
Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name Theresa First Lynne Middle Miller Last
Date of Birth June Month 28 Day 1958 Year
Place of Birth (State or foreign country) Indiana
Residence Address 2329 Decatur St. pld. Hendricks IN Street or R.R. City County State
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children. William M. Miller
Jess J. Miller

- (a) Full name of father of dependent children William M. Miller
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) _____
- (a) Full name of applicant's father Joe Victor Bryant
Residence of father (if deceased, so state) Ind.
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of applicant's mother Thelma Irene Swank
Residence of mother (if deceased, so state) Ind.
Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

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

Signature of Applicant Stephen E. Cregar Date Aug 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 _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed Stephen E. Cregar

New Address 2329 2ND ST. DANVILLE, IN 46115

Subscribed and sworn to before me this 28 day of Aug, 1990
Bonnie L. Spence Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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 HENDRICKS)

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Theresa L. Miller Date Aug 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 _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed Theresa L. Miller

New Address 2329 2ND PLD. IN. 46115

Subscribed and sworn to before me this 28 day of Aug, 1990
Bonnie L. Spence Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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 HENDRICKS)

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-28-90, authorizing the marriage of STEPHEN EDWIN CREGAR and THERESA LYNNE MILLER.

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

I, CYNTHIA J. SPENCE (name), certify that on 8-28-90 (date), at DANVILLE in HENDRICKS County, Indiana, STEPHEN EDWIN CREGAR of HENDRICKS County, IN (state), and THERESA LYNNE MILLER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-28-90.

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

Filed and recorded in accordance with the laws of the State of Indiana on 8-28-90 (date).

Signed Bonnie L. Spence Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 507

File

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.

Female
Medical Examination or Report Dated _____
Name of Physician J. Poe

| 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 |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | | | | | Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | | | | | Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | | | | | (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 <u>Wayne D. Shoulders</u> Residence of father (if deceased, so state) <u>Madison Ind.</u> Birthplace of father (State or foreign country) <u>IN</u> | | | | | 7. (a) Full name of applicant's father <u>Mary S. Nice</u> Residence of father (if deceased, so state) <u>Madison Ind.</u> Birthplace of father (State or foreign country) <u>IN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Karen S. Bralinger</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IN</u> | | | | | (b) Full maiden name of applicant's mother <u>Sandra S. Smith</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IN</u> | | | | |
| 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 <u>James R. Shoulders</u> Date <u>8/28/90</u> | | | | | Signature of Applicant <u>Jennifer A. Nice</u> Date <u>8-28-90</u> | | | | |
| 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | | | | | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | | | | |
| Signed <u>James R. Shoulders</u> | | | | | Signed <u>Jennifer A. Nice</u> | | | | |
| New Address <u>Same as above</u> | | | | | New Address _____ | | | | |
| Subscribed and sworn to before me this <u>28</u> day of <u>Aug.</u> , 19 <u>90</u> | | | | | Subscribed and sworn to before me this <u>28</u> day of <u>Aug.</u> , 19 <u>90</u> | | | | |
| Clerk of the <u>HENDRICKS</u> Circuit Court | | | | | Clerk of the <u>HENDRICKS</u> Circuit Court | | | | |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: | | | | | State of Indiana <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-28-90, authorizing the marriage of JAMES RAY SHOULDERS and JENNIFER LEE NICE.

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

I, ANDREW P. CROWLEY (name), certify that on 9-22-90 (date), at SPPEDWAY in MARION County, Indiana, JAMES RAY SHOULDERS of MORGAN County, IN (state), and JENNIFER LEE NICE of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-22-90.

Signed by: /s/ ANDREW P. CROWLEY, MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-25-90 (date).

Signed Connie Spurr Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 508
File _____
Date of Application 8-29-90

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 M. Boyer

| MALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>Robert James Minton</u> Residence of father (if deceased, so state) <u>Danville, Ind.</u> Birthplace of father (State or foreign country) <u>Ind.</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Barbara Jean Bailey</u> Residence of mother (if deceased, so state) <u>Danville, Ind.</u> Birthplace of mother (State or foreign country) <u>Ind.</u> | | | | |

| FEMALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children. <u>John, Susan</u> | | | | |
| 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 <u>John Peter Kline</u> Residence of father (if deceased, so state) <u>Danville, Ind.</u> Birthplace of father (State or foreign country) <u>Nebraska</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Helen B. Fotters</u> Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>Nebraska</u> | | | | |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding 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 | <u>Charles F. Minton</u> Date <u>8/29/90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed | <u>Charles F. Minton</u> |
| New Address | _____ |
| Subscribed and sworn to before me this | <u>29</u> day of <u>Aug.</u> , 19 <u>90</u> |
| | <u>Connie Tate</u> Clerk of the <u>HENDRICKS</u> Circuit Court |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>Sally Halloran</u> Date <u>8/29/90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed | <u>Sally Halloran</u> |
| New Address | _____ |
| Subscribed and sworn to before me this | <u>29</u> day of <u>Aug.</u> , 19 <u>90</u> |
| | <u>Connie Tate</u> Clerk of the <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|----------------------------------|
| We, the parents of this applicant, hereby 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 <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this | _____ day of _____, 19____ |
| | _____ Clerk |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-29-90, authorizing the marriage of CHARLES F. MINTON and SALLY HALLORAN.

I further certify that the following marriage certificate was filed in my office:
I, CONNIE TATE (name), certify that on 8-29-90 (date), at DANVILLE in HENDRICKS County, Indiana, CHARLES F. MINTON of HENDRICKS County, IN (state), and SALLY 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 8-29-90.

Signed by: /s/ CONNIE TATE, 1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 8-29-90 (date).
Signed Connie Tate Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 509

File

8-30-90
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 _____
Name of Physician Cynthia Wells

MALE APPLICANT

Name First Middle Last
Charles J. Kerns
Date of Birth Month Day Year
4 22 68
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. City County State
1150 E 100th Danville
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Charles J. Kerns
Residence of father (if deceased, so state) Bloomington
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Cynthia Ann Davis
Residence of mother (if deceased, so state) Danville
Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name First Middle Last
Stephanie A. Davis
Date of Birth Month Day Year
11 23 69
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. City County State
8 Hillcrest St. Danville
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic. Voters Reg. Card

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father James Alden Davis
Residence of father (if deceased, so state) Danville
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Angelina Eva Menden
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) KS

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 [Signature] 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.

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 [Signature]

New Address _____

Subscribed and sworn to before me this 30 day of Aug. 1990
[Signature] Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant [Signature] 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.

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 [Signature]

New Address _____

Subscribed and sworn to before me this 30 day of Aug. 1990
[Signature] Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 CHARLES J. KERNS and STEPHANIE R. DAVIS.

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

I, DAVID J. BARD (name), certify that on 9-15-90 (date), at DANVILLE in HENDRICKS County, Indiana, CHARLES J. KERNS of HENDRICKS County, IN (state), and STEPHANIE A. DAVIS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-15-90.

Signed by: /s/ DAVID J. BARD MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-18-90 (date).

Signed [Signature] 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

No. 510File _____
Date of Application 8-30-90HENDRICKS 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 Immediate Care Center

| MALE APPLICANT | FEMALE APPLICANT |
|---|--|
| Name <u>Robert</u> First <u>A.</u> Middle <u>Morris</u> Last <u>H</u> | Name <u>Jackie</u> First <u>L.</u> Middle <u>Scott</u> Last <u>H</u> |
| Date of Birth <u>8</u> Month <u>24</u> Day <u>67</u> Year | Date of Birth <u>8</u> Month <u>9</u> Day <u>68</u> Year |
| Place of Birth (State or foreign country) <u>OH</u> | Place of Birth (State or foreign country) <u>MO</u> |
| Residence Address <u>10035 Osceola Dr. Indpls IN</u> Street or R.R. <u></u> City <u></u> County <u></u> State <u>IN</u> | Residence Address <u>10035 Osceola Dr. Indpls IN</u> Street or R.R. <u></u> City <u></u> County <u></u> State <u>IN</u> |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | (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 <u>Robert A. Morris II</u> Residence of father (if deceased, so state) <u>Indpls Ind.</u> Birthplace of father (State or foreign country) <u>KS</u> | 7. (a) Full name of applicant's father <u>Richard Jefferson Scott</u> Residence of father (if deceased, so state) <u>St. Louis MO</u> Birthplace of father (State or foreign country) <u>MO</u> |
| (b) Full maiden name of applicant's mother <u>Bonnie Spiller Phillips</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>TX</u> | (b) Full maiden name of applicant's mother <u>Opal Ann West</u> Residence of mother (if deceased, so state) <u>Indpls Ind.</u> Birthplace of mother (State or foreign country) <u>MO</u> |
| 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 <u>X Robert A. Morris II</u> Date <u>8-30-90</u> | I acknowledge that I have received information regarding 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 <u>X Jackie Scott</u> Date <u>8-30-90</u> |
| The 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>X Robert A. Morris II</u> New Address _____ | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>X Jackie Scott</u> New Address _____ |
| Subscribed and sworn to before me this <u>30</u> day of <u>Aug</u> , 19 <u>90</u> <u>Bonnie Spiller</u> Clerk of the <u>HENDRICKS</u> Circuit Court | Subscribed and sworn to before me this <u>30</u> day of <u>Aug</u> , 19 <u>90</u> <u>Bonnie Spiller</u> Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ Clerk _____ | State of Indiana <u>HENDRICKS</u>) ss: Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ Clerk _____ |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 ROBERT A. MORRIS, II and JACKIE L. SCOTT.

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

I, WILLIAM W. HATCHEL (name), certify that on 9-29-90 (date), at INDIANAPOLIS in MARION County, Indiana, ROBERT A. MORRIS, II of HENDRICKS County, IN (state), and JACKIE L. SCOTT of HENDRICKS County, IN (state) were 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/ WILLIAM W. HATCHEL MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-8-90 (date).

Signed Bonnie Spiller Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 511

File

8-30-90
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 _____
Name of Physician _____

MALE APPLICANT

Name Robert M. Robertson
Date of Birth 12 Month 13 Day 65 Year
Place of Birth (State or foreign country) Indiana
Residence Address 2682 S. 37th Street or R.R. Danville City Indiana State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

5. List the full names of any dependent children. none

6. (a) Full name of father of dependent children _____
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 Robert Lee Robertson
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Mary Ellen Whitlow
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Sheila Rose Murphy
Date of Birth 10 Month 19 Day 68 Year
Place of Birth (State or foreign country) Indiana
Residence Address 511 N. Burke St. Street or R.R. Indianapolis City Indiana State 46234
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

5. List the full names of any dependent children. none

6. (a) Full name of father of dependent children _____
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 Ronald Lee Murphy
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Ellen Jeannette Fisk
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

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

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.
County of _____)
Signed Robert M. Robertson
New Address _____

Subscribed and sworn to before me this 30 day of Aug, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

State of Indiana HENDRICKS) ss:
County of _____)
Signed _____ Father
Signed _____ Mother

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

ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Sheila R. Murphy 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.
Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
County of _____)
Signed Sheila R. Murphy
New Address _____

Subscribed and sworn to before me this 30 day of Aug, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

State of Indiana HENDRICKS) ss:
County of _____)
Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 ROBERT M. ROBERTSON and SHEILA ROSE MURPHY.

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

I, CONNIE TATE (name), certify that on 8-31-90 (date), at DANVILLE in HENDRICKS County, Indiana, ROBERT M. ROBERTSON of HENDRICKS County, IN (state), and SHEILA ROSE MURPHY of MARION County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-31-90.

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

Filed and recorded in accordance with the laws of the State of Indiana on 8-31-90 (date).

Signed Connie Lawson 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

No. 512

File 8-30-90
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 8-23-90
Name of Physician Michael A. King

| MALE APPLICANT | | | | |
|--|----------------|--------|-----------|-------|
| Name | First | Middle | Last | |
| John | Keith | | Ragsdale | |
| Date of Birth | Month | Day | Year | |
| Feb | 13 | | 1944 | |
| Place of Birth (State or foreign country) Indiana | | | | |
| Residence Address | Street or R.R. | City | County | State |
| 529 Summit | | Purd | Hendricks | IN |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Divorce Decree | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father Robert Edward Ragsdale | | | | |
| Residence of father (if deceased, so state) Florida | | | | |
| Birthplace of father (State or foreign country) Indiana | | | | |
| (b) Full maiden name of applicant's mother Diana Weston | | | | |
| Residence of mother (if deceased, so state) deceased | | | | |
| Birthplace of mother (State or foreign country) Indiana | | | | |

| FEMALE APPLICANT | | | | |
|--|----------------|--------|-----------|-------|
| Name | First | Middle | Last | |
| Cynthia | Ann | | Holt | |
| Date of Birth | Month | Day | Year | |
| June | 2 | | 1953 | |
| Place of Birth (State or foreign country) Indiana | | | | |
| Residence Address | Street or R.R. | City | County | State |
| 225 Summit | | Purd | Hendricks | IN |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) Divorce Decree | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father Dewey Jones | | | | |
| Residence of father (if deceased, so state) Kentucky | | | | |
| Birthplace of father (State or foreign country) Tennessee | | | | |
| (b) Full maiden name of applicant's mother Norma Lee Johnson | | | | |
| Residence of mother (if deceased, so state) Kentucky Indiana | | | | |
| Birthplace of mother (State or foreign country) Kentucky | | | | |

| ACKNOWLEDGMENT | |
|--|------------------|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant John K Ragsdale | 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. | |
| Clerk of Court | Date |
| State of Indiana Hendricks) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed John K Ragsdale | New Address Same |
| Subscribed and sworn to before me this _____ day of _____, 19____ | |
| Clerk of the Hendricks Circuit Court | |

| ACKNOWLEDGMENT | |
|--|------------------|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant Cynthia A Holt | 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. | |
| Clerk of Court | Date |
| State of Indiana Hendricks) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed Cynthia A Holt | 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____ | |
| 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 Hendricks) ss: | |
| Signed _____ | Father |
| Signed _____ | Mother |
| Subscribed and sworn to before me this _____ day of _____, 19____ | |
| Clerk | |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JOHN KEITH RAGSDALE and CYNTHIA ANN HOLT.

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

I, JAMES D. CLAYTON (name), certify that on 9-15-90 (date), at INDIANAPOLIS in MARION County, Indiana, JOHN KEITH RAGSDALE of HENDRICKS County, IN (state), and CYNTHIA ANN HOLT of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 9-15-90.

Signed by: /s/ JAMES D. CLAYTON, PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-1-90 (date).

Signed Bonnie Johnson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 513

File

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 8-30-90
Name of Physician Dr. B. Park

MALE APPLICANT

Name Robert Francis Crouch
Date of Birth 7 Month 13 Day 66 Year
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 209 N. Lebanon St. Lizton, In.
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

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

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 Robert Sanders Crouch
Residence of father (if deceased, so state) Indianapolis, In.
Birthplace of father (State or foreign country) Ind.

(b) Full maiden name of applicant's mother Shirley Anne Ogden
Residence of mother (if deceased, so state) Indianapolis, In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Lise Kae Goodnight
Date of Birth 2 Month 16 Day 56 Year
Place of Birth (State or foreign country) Lebanon, In.
Residence Address 209 N. Lebanon St. Lizton, In.
Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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 father Ref. Lamar Goodnight
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Phyllis Viola Montroath
Residence of mother (if deceased, so state) North Salem, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Robert Crouch Date 8-31-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Robert Crouch

New Address State

Subscribed and sworn to before me this 31st day of Aug, 1990
Connie Lawton Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Lise K. Goodnight Date 8-31-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Lise K. Goodnight

New Address State

Subscribed and sworn to before me this 31st day of Aug, 1990
Connie Lawton Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 office:

I, KENNETH R. PAQUIN (name), certify that on 9-8-90 (date), at LIZTON in HENDRICKS County, Indiana, ROBERT FRANCIS CROUCH of HENDRICKS County, IN (state), and LISE' 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 9-8-90.

Signed by: /s/ KENNETH R. PAQUIN PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-11-90 (date).

Signed Connie Lawton Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

514

File

8-31-90
Date of Application

423

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

Female

Medical Examination or Report Dated

8-14-90

Name of Physician

James Black

MALE APPLICANT

Name William David Springer
Date of Birth Jan 28 1966
Place of Birth (State or foreign country) Indiana
Residence Address 1636 N. 425 E Danville, IN
Previous Marital Status: ☒ Never Married ☐ OR
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

6. (a) Full name of father of dependent children
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 David Springer
Residence of father (if deceased, so state) same
Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Judy Moody
Residence of mother (if deceased, so state) same
Birthplace of mother (State or foreign country)

FEMALE APPLICANT

Name Debra K. Linn
Date of Birth Apr 6 1967
Place of Birth (State or foreign country) IN
Residence Address 516 School St Brownsburg
Previous Marital Status: ☒ Never Married ☐ OR
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Linn

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence 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 applicant's father Michael John Linn
Residence of father (if deceased, so state) same
Birthplace of father (State or foreign country) Ohio
(b) Full maiden name of applicant's mother Deanna Flavia
Residence of mother (if deceased, so state) same
Birthplace of mother (State or foreign country) Wash DC

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 William D. Springer Date 9/11/90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed William D. Springer
New Address same

Subscribed and sworn to before me this 11 day of Sept, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

ACKNOWLEDGMENT

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

Signature of Applicant Debra K. Linn Date 8-31-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Debra K. Linn
New Address Box 239A Pittsboro, IN 46167

Subscribed and sworn to before me this 31 day of Aug, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-11-90, 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 on 9-22-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, WILLIAM DAVID SPRINGER of HENDRICKS County, IN (state), and DEBRA K. LINN of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-22-90

Signed by: /s/ LYNN COLEMAN PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-25-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 515

File _____

Date of Application 8-31-90HENDRICKS 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 8-31-90
Name of Physician Hansen

MALE APPLICANT

Name Don First Wayne Middle Cummins Last
Date of Birth Month 2 Day 11 Year 67
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R.R. Rt 2 Box 235 City Crestonville, In. County _____ State _____
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. W. L. C.
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence 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 applicant's father Floyd - Cummins
Residence of father (if deceased, so state) Crestonville, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Margaret Jean Curtis
Residence of mother (if deceased, so state) Crestonville, In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Karen First Elaine Middle Leist Last
Date of Birth Month 8 Day 27 Year 69
Place of Birth (State or foreign country) Steubenville, Ohio
Residence Address Street or R.R. 1814 S. Delaware City Indianapolis, In. County _____ State _____
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence 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 applicant's father Alfred Clair Leist
Residence of father (if deceased, so state) Wooster, Oh.
Birthplace of father (State or foreign country) Ohio
(b) Full maiden name of applicant's mother Nancy Jane Perazzoli
Residence of mother (if deceased, so state) Wooster, Oh.
Birthplace of mother (State or foreign country) W. Va.

ACKNOWLEDGMENT

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

Signature of Applicant Don W. Cummins Date 8/31/90

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

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS)

Signed Don W. Cummins

New Address 1814 S. Delaware

Subscribed and sworn to before me this 31st day of Aug, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana _____) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

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

ACKNOWLEDGMENT

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

Signature of Applicant Karen E. Leist Date 08/31/90

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

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS)

Signed Karen E. Leist

New Address Home

Subscribed and sworn to before me this 31st day of Aug, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana _____) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-31-90, authorizing the marriage of DON WAYNE CUMMINS and KAREN ELAINE LEIST.

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

I, CONNIE TATE (name), certify that on 8-31-90 (date), at DANVILLE in HENDRICKS County, Indiana, DON WAYNE CUMMINS of HENDRICKS County, IN (state), and KAREN ELAINE LEIST of MARION County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-31-90.

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

Filed and recorded in accordance with the laws of the State of Indiana on 8-31-90 (date).

Signed Connie Tate 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

No. 516

File

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 8-29-90
Name of Physician Mr. Clark

| MALE APPLICANT | |
|---|--|
| Name | First <u>Brad</u> Middle <u>D.</u> Last <u>DeHart</u> |
| Date of Birth | Month <u>9</u> Day <u>27</u> Year <u>68</u> |
| Place of Birth (State or foreign country) | <u>Lebanon, Penn.</u> |
| Residence Address | Street or R.R. <u>869 Lancelot Dr.</u> City <u>W. Carrollton</u> State <u>Ohio</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Divorce Dec.</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>Gary Wayne De Hart</u> Residence of father (if deceased, so state) <u>LaPorte, Ind.</u> Birthplace of father (State or foreign country) <u>Deerstown, Ind.</u> (b) Full maiden name of applicant's mother <u>Judith Anne Blank</u> Residence of mother (if deceased, so state) <u>LaPorte, Ind.</u> Birthplace of mother (State or foreign country) <u>Leighton, Penn.</u> |

| FEMALE APPLICANT | |
|---|--|
| Name | First <u>Lisa</u> Middle <u>J.</u> Last <u>Oursler</u> |
| Date of Birth | Month <u>5</u> Day <u>13</u> Year <u>68</u> |
| Place of Birth (State or foreign country) | <u>Danville, Indiana</u> |
| Residence Address | Street or R.R. <u>487 Meadow Dr.</u> City <u>Danville</u> State <u>Ind.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Divorce Dec.</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>Joe Lee Oursler</u> Residence of father (if deceased, so state) <u>same</u> Birthplace of father (State or foreign country) <u>Attica, Ind.</u> (b) Full maiden name of applicant's mother <u>Beverly Kennedy Threlkeld</u> Residence of mother (if deceased, so state) <u>Dane</u> Birthplace of mother (State or foreign country) <u>Ashtabula, Ind.</u> |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Brad D. DeHart Date 8-31-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Brad D. DeHart
New Address 869 Lancelot Dr. W. Carrollton, OH 45449

Subscribed and sworn to before me this 31 day of Aug., 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Lisa Jo Anne Oursler Date 8-31-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Lisa Jo Anne Oursler
New Address _____

Subscribed and sworn to before me this 31 day of Aug., 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 BRAD G. DEHART and LISA J. OURSLER.

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

I, P. MICHAEL THORNBURG (name), certify that on 10-6-90 (date), at DANVILLE in HENDRICKS County, Indiana, BRAD G. DEHART of MONTGOMERY County, IN (state), and LISA J. OURSLER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-6-90.

Signed by: /s/ P. MICHAEL THORNBURG MINISTER (official designation)

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

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 517

File

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.

Female

Medical Examination or Report Dated 7-27-90Name of Physician Dr. L. Meyers, M.D.

MALE APPLICANT

Name Jonathon First Ray Middle Cooper Last
Date of Birth 11 Month 15 Day 68 Year
Place of Birth (State or foreign country) San Bernardino Calif.
Residence Address 1601 Stafford Rd. Plainfield, In. Street or R.R. City County State
Previous Marital Status: ☒ Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ 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. _____

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 Raymond Joseph Cooper
Residence of father (if deceased, so state) Plainfield, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Mali Samsonbut
Residence of mother (if deceased, so state) Plainfield, In.
Birthplace of mother (State or foreign country) Berkshire, Thailand

FEMALE APPLICANT

Name Nancy First Lynn Middle Dain Last
Date of Birth 10 Month 11 Day 68 Year
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Rt. 5 Box 183 Syracuse, In. Street or R.R. City County State
Previous Marital Status: ☒ Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☒ Birth Certificate ☐ 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 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? 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 father Jerry M. Dain
Residence of father (if deceased, so state) Syracuse, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Latitia Jane Randall
Residence of mother (if deceased, so state) Syracuse, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Jonathon R. Cooper 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.

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 Jonathon R. CooperNew Address 3572 N. Tillotson Ave Muncie, IN 47304Subscribed and sworn to before me this 4 day of Sept. 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)
County of HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

ACKNOWLEDGMENT

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

Signature of Applicant Nancy L. Dain 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.

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 Nancy L. DainNew Address 3572 N. Tillotson Muncie, IN 47304Subscribed and sworn to before me this 4 day of Sept. 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)
County of HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JONATHON R. COOPER and NANCY L. DAIN.

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

I, JUDY K. DENNIS (name), certify that on 9-29-90 (date), at SYCAMORE in HOWARD County, Indiana, JONATHON R. COOPER of HENDRICKS County, IN (state), and NANCY L. DAIN of KOSCIUSKO County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-4-90.

Signed by: /s/ JUDY K. DENNIS MINISTER (official designation)Filed and recorded in accordance with the laws of the State of Indiana on 10-5-90 (date).Signed Lois Hanson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 518
File _____
Date of Application 8-4-90

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 H. Jackson Hosp.

MALE APPLICANT

Name Robert Eugene Bland
Date of Birth Oct 30 1953
Place of Birth (State or foreign country) _____
Residence Address S. R. 39 Lexington, IN
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 ☐
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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Don Bland
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Mary Miller
Residence of mother (if deceased, so state) Indpls, IN
Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name Linda S. Smith
Date of Birth May 26 1954
Place of Birth (State or foreign country) _____
Residence Address 9290 Crawfordville Rd. Hend. Indpls
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. file

- Are you now 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 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? No ☐ Yes ☐
- List the full names of any dependent children. Amy & Laura Hale
- (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) _____
- (a) Full name of applicant's father Edward Messmore, Jr.
Residence of father (if deceased, so state) Custin, IN
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Imogene Young
Residence of mother (if deceased, so state) Indpls
Birthplace of mother (State or foreign country) Ky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Robert E Bland 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.
Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
Signed Robert E Bland
New Address Hwy 136 + 39 Lexington, IN
Subscribed and sworn to before me this 4 day of Sept, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

Clerk

ACKNOWLEDGMENT

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

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
Signed Linda Smith
New Address Hwy 136 + 39 Lexington, IN
Subscribed and sworn to before me this 4 day of Sept, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 ROBERT EUGENE BLAND and LINDA SUE SMITH.

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

I, JAMES D. CLAYOTN (name), certify that on 9-23-90 (date), at CLERMONT in MARION County, Indiana, ROBERT EUGENE BLAND of HENDRICKS County, IN (state), and LINDA SUE SMITH of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-23-90.

Signed by: /s/ JAMES D. CLAYTON PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-1-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 519

File 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.

Female
Medical Examination or Report Dated 8-28-90
Name of Physician Dr. Pol

| MALE APPLICANT | |
|---|---|
| Name | First <u>Dane</u> Middle <u>Jeffrey</u> Last <u>Earles</u> |
| Date of Birth | Month <u>March</u> Day <u>7</u> Year <u>1954</u> |
| Place of Birth (State or foreign country) | <u>Indiana</u> |
| Residence Address | Street or R.R. <u>12 Purpura Dr</u> City <u>Danville</u> County <u>Hendricks</u> State <u>Ind</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Divorce Records</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>Jane Gabriel Earles</u> <u>Dana Keann 6 yrs.</u> |
| 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 | <u>Paul Jones Earles</u> |
| Residence of father (if deceased, so state) | <u>Indiana</u> |
| Birthplace of father (State or foreign country) | <u>Kentucky</u> |
| (b) Full maiden name of applicant's mother | <u>Michelle Louise Stanley</u> |
| Residence of mother (if deceased, so state) | <u>Indiana</u> |
| Birthplace of mother (State or foreign country) | <u>Indiana</u> |

| FEMALE APPLICANT | |
|--|---|
| Name | First <u>Cathy</u> Middle <u>Elaine</u> Last <u>Gray</u> |
| Date of Birth | Month <u>September</u> Day <u>12</u> Year <u>1955</u> |
| Place of Birth (State or foreign country) | <u>Indiana</u> |
| Residence Address | Street or R.R. <u>12 Purpura Dr</u> City <u>Danville</u> County <u>Hendricks</u> State <u>Ind</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Divorce Records</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>Jonathan Ray Lewis</u> <u>Hayden Joshua Allen Myers</u> |
| 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 | <u>Lewis James Collier</u> |
| Residence of father (if deceased, so state) | <u>Indiana</u> |
| Birthplace of father (State or foreign country) | <u>Indiana</u> |
| (b) Full maiden name of applicant's mother | <u>Wilma Fern Kilbuck</u> |
| Residence of mother (if deceased, so state) | <u>Indiana</u> |
| Birthplace of mother (State or foreign country) | <u>Indiana</u> |

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Dane J. Earles 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.

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 Dane J. Earles
New Address Same

Subscribed and sworn to before me this 4 day of Sept, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Cathy E. 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.

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 Cathy E. Gray
New Address Same

Subscribed and sworn to before me this 4 day of Sept, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 CATHY ELAINE GRAY.

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

I, J. V. BOLES (name), certify that on 9-20-90 (date), at DANVILLE in HENDRICKS County, Indiana, DANE JEFFREY EARLES of HENDRICKS County, IN (state), and CATHY ELAINE GRAY of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-20-90.

Signed by: /s/ J. V. BOLES, CIRCUIT JUDGE (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-24-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 520

File

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.

Female
Medical Examination or Report Dated 9-4-90
Name of Physician James Myers, M.D.

MALE APPLICANT

Name Charles Leonard Wagers
Date of Birth May 7 1964
Place of Birth (State or foreign country) Ind.
Residence Address 270 N. Mill St. #101, Hendricks, Ind.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) DL

- Are you now 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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father William Edward Schlegel
Residence of father (if deceased, so state) Ind.
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of applicant's mother Susan Marie Rose
Residence of mother (if deceased, so state) Ind.
Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

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

Signature of Applicant Charles Wagers Date

The above applicant has 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 Charles Wagers

New Address same

Subscribed and sworn to before me this 6 day of Sept, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name Laura Sue Neeley
Date of Birth 4 4 58
Place of Birth (State or foreign country) Ind.
Residence Address 270 N. Mill St. #101, Hendricks, Ind.
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father Lester D. Allen Jr.
Residence of father (if deceased, so state) Indpls. Ind.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Betty Carolyn Carbin
Residence of mother (if deceased, so state) Indpls. Ind.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Laura Sue Neeley 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.

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 Laura Sue Neeley

New Address same

Subscribed and sworn to before me this 4 day of Sept, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 CHARLES LEONARD WAGERS and

LAURA SUE NEELEY

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

I, CYNTHIA J. SPENCE (name), certify that on 9-7-90 (date), at DANVILLE in HENDRICKS County, Indiana, CHARLES LEONARD WAGERS of HENDRICKS County, IN (state), and LAURA SUE NEELEY of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-7-90

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 9-7-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 521File 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.

Female
Medical Examination or Report Dated 8-21-90
Name of Physician Wm M. Lawrence, M.D.

MALE APPLICANT

Name Craig Daily Goad
Date of Birth Month 7 Day 25 Year 58
Place of Birth (State or foreign country) Lafayette, In.
Residence Address 9317 W. 59th St. Indpls, In. 46234
Previous Marital Status: Never Married ☒ OR ☐

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

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

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 Fred Donald Goad
Residence of father (if deceased, so state) Remington, In.
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Marilee Jean Daily
Residence of mother (if deceased, so state) Marion, In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Pamela Anne Pfatenhauer
Date of Birth Month 11 Day 21 Year 59
Place of Birth (State or foreign country) Nashville, In.
Residence Address 9317 W. 59th St. Indpls, In. 46234
Previous Marital Status: Never Married ☒ OR ☐

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you 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? 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 father Serry Lee Pfatenhauer
Residence of father (if deceased, so state) Nashville, In.
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Marcia Lee Warren
Residence of mother (if deceased, so state) Sarasota, Fla.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant [Signature] Date 9-5-90

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 _____

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 [Signature] Date 9-5-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss:
County of _____) I swear/affirm that the information given in this application is true and correct.

Signed [Signature]

New Address SAME

Subscribed and sworn to before me this 5th day of Sept, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:
County of _____)

Signed _____ Father

Signed _____ Mother

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

Clerk

State of Indiana HENDRICKS) ss:
County of _____) I swear/affirm that the information given in this application is true and correct.

Signed [Signature]

New Address SAME

Subscribed and sworn to before me this 5th day of Sept, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:
County of _____)

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 CRAIG DAILY GOAD and PAMELA ANNE PFATENHAUER.

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

I, RICHARD E. HAMILTON (name), certify that on 9-15-90 (date), at INDPLS in MARION County, Indiana, CRAIG DAILY GOAD of HENDRICKS County, IN (state), and PAMELA ANNE PFOTENHAUER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-15-90

Signed by: /s/ RICHARD E. HAMILTON MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-18-90 (date).

Signed [Signature] Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

431
No. 522
File _____
Date of Application 9-5-90

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 Dr. P. Hippert

| MALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 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) | | | | |

| FEMALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 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 | Date |
| The above applicant has 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 | |
| New Address | |
| Subscribed and sworn to before me this <u>5</u> day of <u>Sept.</u> , 19 <u>90</u> | |
| Clerk of the HENDRICKS Circuit Court | |

| ACKNOWLEDGMENT | |
|--|------|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | Date |
| The above applicant has 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 | |
| New Address | |
| Subscribed and sworn to before me this <u>5</u> day of <u>Sept.</u> , 19 <u>90</u> | |
| Clerk of the HENDRICKS Circuit Court | |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--------|
| We, the parents of this applicant, hereby 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 |
| 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 HENDRICKS) ss: | |
| Signed | Father |
| Signed | Mother |
| Subscribed and sworn to before me this _____ day of _____, 19____ | |
| Clerk | |

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

| RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE | |
|--|-------|
| I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated <u>9-5-90</u> , authorizing the marriage of <u>KEVIN J. CALDWELL</u> and <u>ANITA D. DIKE</u> . | |
| I further certify that the following marriage certificate was filed in my office: | |
| I, <u>GAROLD L. HAMPTON</u> (name), certify that on <u>9-15-90</u> (date), at <u>CARMEL</u> in <u>HAMILTON</u> County, Indiana, <u>KEVIN J. CALDWELL</u> of <u>HENDRICKS</u> County, <u>IN</u> (state), and <u>ANITA D. DIKE</u> of <u>HENDRICKS</u> County, <u>IN</u> (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated <u>9-18-90</u> . | |
| Signed by: <u>/s/ GAROLD L. HAMPTON</u> MINISTER (official designation) | |
| Filed and recorded in accordance with the laws of the State of Indiana on <u>9-18-90</u> (date). | |
| Signed | Clerk |
| HENDRICKS Circuit Court | |

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 523

File _____

Date of Application 9-5-90

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 Eric Clark

MALE APPLICANT

Name Eric First O. Middle Clark Last
Date of Birth Aug Month 15 Day 1968 Year
Place of Birth (State or foreign country) Ohio
Residence Address 411 Boy 159 Dayton, Ohio Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. James

- Are you now 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.

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 Fred Clark
Residence of father (if deceased, so state) same
Birthplace of father (State or foreign country) Ohio
(b) Full maiden name of applicant's mother Patricia Hitch
Residence of mother (if deceased, so state) same
Birthplace of mother (State or foreign country) Ohio

FEMALE APPLICANT

Name Linda First S. Middle Hendricks Last
Date of Birth Jan Month 11 Day 1969 Year
Place of Birth (State or foreign country) Ohio
Residence Address 132 N. Maple, Pittsboro, Ohio Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. James

- Are you now 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 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? 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 father Virgil Hendricks
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Ohio
(b) Full maiden name of applicant's mother Mary Thompson
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

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

Signature of Applicant Eric O. Clark Date 9-5-90

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

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed Eric O. Clark

New Address _____

Subscribed and sworn to before me this 5 day of Sept, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana _____) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Linda S. Hendricks Date 9-5-90

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

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed Linda S. Hendricks

New Address _____

Subscribed and sworn to before me this 5 day of Sept, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana _____) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-5-90, authorizing the marriage of ERIC O. CLARK and LINDA S. HENDRICKS.

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

I, ROBERT C. ELLENBERGER (name), certify that on 9-22-90 (date), at NEW BRUNSWICK in BOONE County, Indiana, ERIC O. CLARK of HENDRICKS County, IN (state), and LINDA S. 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 9-26-90

Signed by: /s/ ROBERT C. ELLENBERGER MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-26-90 (date).

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 524

File

Date of Application 9-6-90

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 R. Stegmüller

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ 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: James Robert, Bailey Marie
- (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)
- (a) Full name of applicant's father: Hugh Park
Residence of father (if deceased, so state): Judge Ad
Birthplace of father (State or foreign country): IN
(b) Full maiden name of applicant's mother: Marie Strom
Residence of mother (if deceased, so state): Same
Birthplace of mother (State or foreign country): IN

FEMALE APPLICANT

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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children: Matthew Michael, Christopher Robert, Stephanie Robin, Nicholas Joseph
- (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)
- (a) Full name of applicant's father: Edward L. Ship
Residence of father (if deceased, so state): Speedway Ad
Birthplace of father (State or foreign country): KS
(b) Full maiden name of applicant's mother: Patricia Marie Almonte
Residence of mother (if deceased, so state): Deceased
Birthplace of mother (State or foreign country): IN

ACKNOWLEDGMENT

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

Signature of Applicant James A. Park 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.

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 James A. Park

New Address

Subscribed and sworn to before me this 6 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)
County of HENDRICKS) ss:

Signed Father

Signed Mother

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

ACKNOWLEDGMENT

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

Signature of Applicant Roberta L. Volz 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.

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 Roberta L. Volz

New Address

Subscribed and sworn to before me this 6 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)
County of HENDRICKS) ss:

Signed Father

Signed Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JAMES A. PARK and ROBERTA L. VOLZ.

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

I, DANNY VAUGHN (name), certify that on 10-6-90 (date), at INDIANAPOLIS in MARION County, Indiana, JAMES A. PARK of HENDRICKS County, IN (state), and ROBERTA L. VOLZ of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-10-90.

Signed by: /s/ DANNY VAUGHN JUDGE PRO TEM (official designation)

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

Signed Connie Spurgeon Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 525

File

Sept 7 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 9/4/90

Name of Physician David B. Blagden MD

| MALE APPLICANT | |
|---|--|
| Name | First Middle Last Lawrence Howard Boxler |
| Date of Birth | Month Day Year 9 27 69 |
| Place of Birth (State or foreign country) | OHIO |
| Residence Address | Street or R.R. City County State 4423 Lakeland #4 Lawrenceville Ind. |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | David Anthony Baker |
| Residence of father (if deceased, so state) | Lawrenceville Ind. |
| Birthplace of father (State or foreign country) | OH |
| (b) Full maiden name of applicant's mother | Lyndia Deanna Baker |
| Residence of mother (if deceased, so state) | Same |
| Birthplace of mother (State or foreign country) | OH |

| FEMALE APPLICANT | |
|--|--|
| Name | First Middle Last Susan Elaine Gillooly |
| Date of Birth | Month Day Year 11 22 1967 |
| Place of Birth (State or foreign country) | Hendricks Co. Ind. |
| Residence Address | Street or R.R. City County State 1485 Oliver St. Dept. Hend Ind. |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | |
| 6. (a) Full name of father of dependent children | Jerry F. |
| 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 | Jerry F. Gillooly |
| Residence of father (if deceased, so state) | Lawrenceville Ind. |
| Birthplace of father (State or foreign country) | Indiana |
| (b) Full maiden name of applicant's mother | Patricia Ann Farnley |
| Residence of mother (if deceased, so state) | Plainfield Ind. |
| Birthplace of mother (State or foreign country) | Indiana |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | Lawrence H. Boxler Date 09/07/90 |
| 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 | HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | |
| Signed | Lawrence H. Boxler |
| New Address | |
| Subscribed and sworn to before me this | 7 day of Sept 19 90 |
| | Bonnie Spurgeon Clerk of the HENDRICKS Circuit Court |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | Susan Gillooly Date 9/7/90 |
| 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 | HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | |
| Signed | Susan Gillooly |
| New Address | Lawrenceville |
| Subscribed and sworn to before me this | 7 day of Sept 19 90 |
| | Bonnie Spurgeon Clerk of the HENDRICKS Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|-----------------|
| We, the parents of this applicant, hereby give 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 |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|-----------------|
| We, the parents of this applicant, hereby give 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 |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-7-90, authorizing the marriage of LAWRENCE H. BOXLER and SUSAN E. GILLOOLY.

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

I, WILLIAM R. CLAYTON (name), certify that on 9-21-90 (date), at WASHINGTON in DAVIESS County, Indiana, LAWRENCE H. BOXLER of JOHNSON County, IN (state), and SUSAN E. GILLOOLY of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-7-90

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).

Signed Bonnie Spurgeon Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

435
No. 526
File 9-7-90
Date of Application

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

Female
Medical Examination or Report Dated 8-23-90
Name of Physician James Noland M.D.

MALE APPLICANT

Name Jack First Kirkland Middle Alford Last
Date of Birth 7 Month 22 Day 45 Year
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 1707 Red Bud Ct. Plainfield, In. Street or R.R. City County State
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ 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 ☐

5. List the full names of any dependent children. Karman Alford 26 yrs
Karla Alford 21 yrs, Alond Alford 23 yrs, Kirk 16 yrs

- (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) _____
- (a) Full name of applicant's father Robert Benny Alford
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Sage Ellen Lancaster
Residence of mother (if deceased, so state) Eastville, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Jack K Alford Date 9-7-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jack K Alford
New Address Same as above

Subscribed and sworn to before me this 7th day of Sept, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss: _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Pamela First Jane Middle Shipp Last
Date of Birth 2 Month 5 Day 48 Year
Place of Birth (State or foreign country) Calhoun, In.
Residence Address 520 S. East St. Plainfield, In. Street or R.R. City County State
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

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

5. List the full names of any dependent children. Julie Shipp 16 yrs, Kevin Shipp 8 yrs

- (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) _____
- (a) Full name of applicant's father Marvin William Cannon
Residence of father (if deceased, so state) Route 1, In.
Birthplace of father (State or foreign country) Route 1, Indiana
(b) Full maiden name of applicant's mother Virginia Katherine Herring
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Pamela J Shipp Date 9-7-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Pamela J Shipp
New Address 1707 Red Bud Court Plainfield

Subscribed and sworn to before me this 7th day of Sept, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss: _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-7-90, authorizing the marriage of JACK KIRKLAND ALFORD and PAMELA JANE SHIPP.

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

I, WILLIAM R. CLAYTON (name), certify that on 9-29-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, JACK KIRKLAND ALFORD of HENDRICKS County, IN (state), and PAMELA JANE SHIPP of HENDRICKS County, IN (state) were 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/ WILLIAM R. CLAYTON PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-3-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 527

File

9-7-90
Date of Application

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

Female
Medical Examination or Report Dated 8-21-90
Name of Physician Ferguson (nurse)

MALE APPLICANT

Name Michael Scott McDole
Date of Birth 6 Month 19 Day 62 Year
Place of Birth (State or foreign country) New York City, N.Y.
Residence Address R.R. 1 Box 476 Camby, In.
Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Census Rec.

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

5. List the full names of any dependent children: Kristie McDole 7, Brittany McDole 5 yrs; Michelle McDole 3 yrs

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 Perry Franklin McDole, Jr.
Residence of father (if deceased, so state) Camby, In.
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Anna Lee Edmond
Residence of mother (if deceased, so state) Camby, In.
Birthplace of mother (State or foreign country) N. Va.

FEMALE APPLICANT

Name Deborah Kay McKnight
Date of Birth 9 Month 8 Day 58 Year
Place of Birth (State or foreign country) Columbus, Ga.
Residence Address R.R. 1 Box 476 Camby, In.
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 ☐

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 applicant's father Robert Junior McKnight
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Alabama

(b) Full maiden name of applicant's mother Angel Louise Barentine
Residence of mother (if deceased, so state) Columbus, Ga.
Birthplace of mother (State or foreign country) Georgia

ACKNOWLEDGMENT

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

Signature of Applicant Michael S. McDole Date 9/7/90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Michael S. McDole
New Address SAME

Subscribed and sworn to before me this 7th day of Sept, 1990
Cranie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant D. McDole Date 9/7/90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed D. McDole
New Address SAME

Subscribed and sworn to before me this 7th day of Sept, 1990
Cranie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-7-90, authorizing the marriage of MICHAEL SCOTT McDole and DEBORAH KAY McKnight.

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

I, GEORGE PLASTERER (name), certify that on 9-8-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, MICHAEL SCOTT McDole of HENDRICKS County, IN (state), and DEBORAH KAY McKnight of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-8-90.

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).

Signed Cranie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 528

File _____

9-7-90
Date of Application

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

Female

Medical Examination or Report Dated 90Name of Physician Dr. Clark

MALE APPLICANT

Name Eric First M. Middle Thornton Last
Date of Birth 12 Month 9 Day 1967 Year
Place of Birth (State or foreign country) South Bend, Indiana
Residence Address 3112 York Lane Cincinnati, Ohio Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Driver's License

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

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 Howard Joseph Thornton
Residence of father (if deceased, so state) South Bend, Ind.
Birthplace of father (State or foreign country) South Bend, Ind.

(b) Full maiden name of applicant's mother Raeen Helen Oream
Residence of mother (if deceased, so state) None
Birthplace of mother (State or foreign country) South Bend, Ind.

FEMALE APPLICANT

Name Sherry First L. Middle Henderson Last
Date of Birth 8 Month 2 Day 1968 Year
Place of Birth (State or foreign country) Deaerville, Ind.
Residence Address 3434 S. St. Rt 30 Deaerville, Ind. Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Dr. Clark

- Are you now 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 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? 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 father Marvin De Witt Henderson
Residence of father (if deceased, so state) None
Birthplace of father (State or foreign country) Martinsville, Ind.

(b) Full maiden name of applicant's mother Alma Gladys Lewis
Residence of mother (if deceased, so state) None
Birthplace of mother (State or foreign country) Martinsville, Ind.

ACKNOWLEDGMENT

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

Signature of Applicant _____ Date 9-7-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given
County of _____) in this application is true and correct.

Signed Eric M. ThorntonNew Address 3112 York Lane Cincinnati OH 45215Subscribed and sworn to before me this 7 day of Sept, 19 90Connie 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) ss:
County of _____)

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant _____ Date 9-7-90

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

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given
County of _____) in this application is true and correct.

Signed Sherry Henderson

New Address _____

Subscribed and sworn to before me this 7 day of Sept, 19 90Connie 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) ss:
County of _____)

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 ERIC M. THORNTON and SHERRY L. HENDERSON.

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

I, RAYMOND H. DUFF (name), certify that on 9-15-90 (date), at MAPLEWOOD in HENDRICKS County, Indiana, ERIC M. THORNTON of HAMILTON County, IN (state), and SHERRY L. HENDERSON of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-7-90.

Signed by: /s/ RAYMOND H. DUFF MINISTER (official designation)Filed and recorded in accordance with the laws of the State of Indiana on 9-18-90 (date).Signed Connie Dawson ClerkHENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 529

File _____

Date of Application 9-7-90

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 M. K. Spinks

| MALE APPLICANT | | | | |
|---|-------|--------|------|--|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address Street or R.R. City County State | | | | |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Spinks</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children: <u>Paul & Love Wise</u> <u>Theresa Diane Wise</u> | | | | |
| 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 <u>Paul Wise</u> | | | | |
| Residence of father (if deceased, so state) <u>Danville Ind.</u> | | | | |
| Birthplace of father (State or foreign country) <u>Ind.</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Marlene Rhoads</u> | | | | |
| Residence of mother (if deceased, so state) <u>Same</u> | | | | |
| Birthplace of mother (State or foreign country) <u>Ind.</u> | | | | |

| FEMALE APPLICANT | | | | |
|--|-------|--------|------|--|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address Street or R.R. City County State | | | | |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Spinks</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children: <u>Deborah Jean Bayliss</u> <u>Nicholas John Bayliss</u> , <u>Nicholas John Bayliss</u> | | | | |
| 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 <u>William Dale Stafford</u> | | | | |
| Residence of father (if deceased, so state) <u>Danville Ind.</u> | | | | |
| Birthplace of father (State or foreign country) <u>Ind.</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Daphne Mae Wright</u> | | | | |
| Residence of mother (if deceased, so state) <u>Same</u> | | | | |
| Birthplace of mother (State or foreign country) <u>Ind.</u> | | | | |

| ACKNOWLEDGMENT | |
|--|------------|
| I acknowledge that I have received information regarding 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 <u>Paul Wise</u> | Date _____ |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Paul Wise</u> | |
| New Address _____ | |
| Subscribed and sworn to before me this <u>7</u> day of <u>Sept.</u> , 19 <u>90</u> | |
| Clerk of the <u>HENDRICKS</u> Circuit Court | |

| ACKNOWLEDGMENT | |
|--|------------|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant <u>Brenda S. Bayliss</u> | Date _____ |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Brenda S. Bayliss</u> | |
| New Address _____ | |
| Subscribed and sworn to before me this <u>7</u> day of <u>Sept.</u> , 19 <u>90</u> | |
| Clerk of the <u>HENDRICKS</u> Circuit Court | |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--------|
| We, the parents of this applicant, hereby 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 <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: | |
| Signed _____ | Father |
| Signed _____ | Mother |
| Subscribed and sworn to before me this _____ day of _____, 19____ | |
| Clerk | |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-7-90, authorizing the marriage of PAUL S. WISE and 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 in HENDRICKS County, Indiana, PAUL S. WISE of HENDRICKS County, IN (state), and BRENDA S. BAYLISS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-1-90.

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 (date).

Signed Barrie Johnson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 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 9-6-90
Name of Physician Dr. Maynard

| MALE APPLICANT | FEMALE APPLICANT |
|---|--|
| <p>Name <u>Rickie</u> First <u>Joe</u> Middle <u>Smith</u> Last</p> <p>Date of Birth <u>March</u> Month <u>3</u> Day <u>1950</u> Year</p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>221 East 82nd</u> Street or R.R. <u>Pittsboro</u> City <u>Hendricks</u> County <u>Ind</u> State</p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____</p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children: <u>Christopher Brian 8 yrs</u> <u>Eric Marvin 10 yrs</u> <u>Jammi Joe 14 yrs</u></p> <p>6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (State or foreign country) _____</p> <p>(b) Full maiden name of mother of dependent children _____ Residence of mother (if deceased, so state) _____ Birthplace of mother (State or foreign country) _____</p> <p>7. (a) Full name of applicant's father <u>Marvin Leo Smith</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Kathy Jean Montgomery</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Kentucky</u></p> | <p>Name <u>Robin</u> First <u>Lynn</u> Middle <u>Drew</u> Last</p> <p>Date of Birth <u>Dec</u> Month <u>13</u> Day <u>1957</u> Year</p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>221 East 82nd</u> Street or R.R. <u>Pittsboro</u> City <u>Hendricks</u> County <u>Ind</u> State</p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children: <u>Cheryl Claire 9 yrs</u> <u>Megan Lynn 4 yrs</u></p> <p>6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (State or foreign country) _____</p> <p>(b) Full maiden name of mother of dependent children _____ Residence of mother (if deceased, so state) _____ Birthplace of mother (State or foreign country) _____</p> <p>7. (a) Full name of applicant's father <u>Kenneth Sylvester Wright</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Janne Elizabeth Smith</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p> |
| ACKNOWLEDGMENT | ACKNOWLEDGMENT |
| <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Rickie Joe Smith</u> Date <u>9-10-90</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>Rickie Joe Smith</u></p> <p>New Address <u>same</u></p> <p>Subscribed and sworn to before me this <u>10</u> day of <u>9</u>, 19 <u>90</u></p> <p><u>Connie Rawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> | <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Robin L. Drew</u> Date <u>9-10-90</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>Robin L. Drew</u></p> <p>New Address <u>same</u></p> <p>Subscribed and sworn to before me this <u>10th</u> day of <u>9</u>, 19 <u>90</u></p> <p><u>Connie Rawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN | CONSENT OF PARENTS, PARENT, OR GUARDIAN |
| <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss:</p> <p>Signed _____ Father</p> <p>Signed _____ Mother</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____</p> <p>_____ Clerk</p> | <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss:</p> <p>Signed _____ Father</p> <p>Signed _____ Mother</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____</p> <p>_____ Clerk</p> |
| <p>COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.</p> | |
| RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE | |
| <p>I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>9-10-90</u>, authorizing the marriage of <u>RICKIE JOE SMITH</u> and <u>ROBIN LYNN DREW</u>.</p> <p>I further certify that the following marriage certificate was filed in my office:</p> <p>I, <u>BUDDY FEHRMAN</u> (name), certify that on <u>9-15-90</u> (date), at <u>PITTSBORO</u> in <u>HENDRICKS</u> County, Indiana, <u>RICKIE JOE SMITH</u> of <u>HENDRICKS</u> County, <u>IN</u> (state), and <u>ROBIN LYNN DREW</u> of <u>HENDRICKS</u> County, <u>IN</u> (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>9-18-90</u>.</p> <p>Signed by: <u>/s/ BUDDY FEHRMAN</u> MINISTER (official designation)</p> <p>Filed and recorded in accordance with the laws of the State of Indiana on <u>9-18-90</u> (date).</p> <p>Signed <u>Connie Rawson</u> Clerk</p> <p style="text-align: right;"><u>HENDRICKS</u> Circuit Court</p> | |

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 531

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 8-27-90
Name of Physician James A. Hribling

MALE APPLICANT

Name Larry First Sargent Middle Feasel Last
Date of Birth Feb Month 3 Day 1943 Year
Place of Birth (State or foreign country) Indiana
Residence Address 9006 Fairview Rd, P.O. Box, Hendricks, In
Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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 Ryan Wade 16 yrs

- (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) _____
- (a) Full name of applicant's father William Jacob Feasel
Residence of father (if deceased, so state) Florida
Birthplace of father (State or foreign country) W Virginia
(b) Full maiden name of applicant's mother Jan Marie Buckner
Residence of mother (if deceased, so state) Florida
Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name Martha First Marie Middle Altepeter Last
Date of Birth Feb Month 23 Day 1953 Year
Place of Birth (State or foreign country) Ohio
Residence Address 9006 Fairview Rd, P.O. Box, Hendricks, In
Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Paul William Altepeter
Residence of father (if deceased, so state) Kentucky
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Herschma Howard Wright
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Larry Sargent 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Larry Sargent
New Address Same

Subscribed and sworn to before me this 10 day of Sept. 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Martha M Altepeter 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Martha M Altepeter
New Address Same

Subscribed and sworn to before me this 10 day of Sept. 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 LARRY SARGENT FEASEL and MARTHA MARIE ALTEPETER.

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

I, JOHN P. ROOF (name), certify that on 9-22-90 (date), at DANVILLE in HENDRICKS County, Indiana, LARRY SARGENT FEASEL of HENDRICKS County, IN (state), and MARTHA MARIE ALTEPETER of BARTHOLOMEW County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-22-90

Signed by: /s/ JOHN P. ROOF EPISCOPAL PRIEST (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-24-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 532
File _____
Date of Application Sept 10, 1990

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 9/8/90
Name of Physician Donna Johnson

| MALE APPLICANT | |
|---|---|
| Name | First <u>Eric</u> Middle <u>Allen</u> Last <u>Harvey</u> |
| Date of Birth | Month <u>June</u> Day <u>24</u> Year <u>1968</u> |
| Place of Birth (State or foreign country) | <u>Fayette Co. Ind.</u> |
| Residence Address | Street or R.R. <u>233 Krewson St.</u> City <u>Rego</u> County <u>Rego</u> State <u>Ind.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Divorce Decree</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>Donald W. Harvey</u> Residence of father (if deceased, so state) <u>Cornersville, Ind.</u> Birthplace of father (State or foreign country) <u>Rego</u> (b) Full maiden name of applicant's mother <u>Nancy Ann Wilson</u> Residence of mother (if deceased, so state) <u>Columbus Ind.</u> Birthplace of mother (State or foreign country) <u>Indiana</u> |

| FEMALE APPLICANT | |
|---|---|
| Name | First <u>Christine</u> Middle <u>Lyn</u> Last <u>Doane</u> |
| Date of Birth | Month <u>Jan</u> Day <u>8</u> Year <u>1969</u> |
| Place of Birth (State or foreign country) | <u>Union Co. Ind.</u> |
| Residence Address | Street or R.R. <u>233 Krewson St.</u> City <u>Rego</u> County <u>Rego</u> State <u>Ind.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Divorce Decree</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>Larry Allen Doane</u> Residence of father (if deceased, so state) <u>Rego, Ind.</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Sandra Denise Buttz</u> Residence of mother (if deceased, so state) <u>Rego, Ind.</u> Birthplace of mother (State or foreign country) <u>Indiana</u> |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding 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 | <u>Eric Harvey</u> Date <u>9-10-90</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court | _____ Date _____ |
| State of Indiana | <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | <u>HENDRICKS</u>) |
| Signed | <u>Eric Harvey</u> |
| New Address | <u>233 Krewson St. Apt. 2</u> |
| Subscribed and sworn to before me this | <u>10</u> day of <u>9</u> , 19 <u>90</u> |
| | <u>Donna Johnson</u> Clerk of the <u>HENDRICKS</u> Circuit Court |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>Christine Doane</u> Date <u>9-10-90</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court | _____ Date _____ |
| State of Indiana | <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | <u>HENDRICKS</u>) |
| Signed | <u>Christine Doane</u> |
| New Address | <u>233 Krewson St. Apt. 2</u> |
| Subscribed and sworn to before me this | <u>10</u> day of <u>9</u> , 19 <u>90</u> |
| | <u>Donna Johnson</u> Clerk of the <u>HENDRICKS</u> Circuit Court |

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 ERIC ALLEN HARVEY and CHRISTINE LYN DOANE.

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

I, LARRY JUDD (name), certify that on 9-15-90 (date), at CALVARY CHAPEL in HENDRICKS County, Indiana, ERIC ALLEN HARVEY of HENDRICKS County, IN (state), and CHRISTINE LYN DOANE of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-15-90.

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 Donna Johnson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 533

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 9-7-90
Name of Physician D. Waggoner M.D.

MALE APPLICANT

Name Jeffrey Charles Ford
Date of Birth Month 8 Day 18 Year 69
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 611 White Oak Ln. Plainfield, In.
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 ☐
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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Sam Lee Ford
Residence of father (if deceased, so state) Indpls, In.
Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of applicant's mother Jordan Rita Caldwell
Residence of mother (if deceased, so state) Plainfield, In.
Birthplace of mother (State or foreign country) Nebraska

FEMALE APPLICANT

Name Lisa Marie Mahan
Date of Birth Month 3 Day 30 Year 72
Place of Birth (State or foreign country) Danville, In.
Residence Address 411 Buchanan Plainfield, In.
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Robert Eugene Mahan
Residence of father (if deceased, so state) Plainfield, In.
Birthplace of father (State or foreign country) Alabama
(b) Full maiden name of applicant's mother Janice Marie Phillips
Residence of mother (if deceased, so state) Plainfield, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Jeffrey Charles Ford Date 09-10-90

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

Clerk of Court _____ Date 09-10-90

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jeffrey Charles Ford

New Address 411 Buchanan Street

Subscribed and sworn to before me this 10 day of 9, 1990

Donna Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Lisa Marie Mahan Date 09-10-90

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

Clerk of Court Lisa Marie Mahan Date 09-10-90

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Lisa Marie Mahan

New Address 411 Buchanan St.

Subscribed and sworn to before me this 10 day of 9, 1990

Donna Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JEFFREY CHARLES FORD and

LISA MARIE MAHAN

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

I, DANIEL KACER (name), certify that on 9-21-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, JEFFREY CHARLES FORD of HENDRICKS County, IN (state), and LISA MARIE MAHAN of HENDRICKS County,

IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-10-90

Signed by: /s/ DANIEL KACER, MINISTER (official designation)

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

Signed Donna Johnson 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

No. 534

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 David B. Haggard

| MALE APPLICANT | | FEMALE APPLICANT | |
|---|---|---|---|
| Name | Jeffery S. Mitny | Name | Linda K. Stapert |
| Date of Birth | Month 6 Day 21 Year 56 | Date of Birth | Month 9 Day 28 Year 61 |
| Place of Birth (State or foreign country) | IN | Place of Birth (State or foreign country) | IN |
| Residence Address | 10506 Ryeview Rd. Indianapolis, Indiana | Residence Address | Same |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Dr. Lic. | Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Dr. Lic. |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 applicant's father: Nelson Abraham Mitny Residence of father (if deceased, so state): Indianapolis Birthplace of father (State or foreign country): IN (b) Full maiden name of applicant's mother: Norma Joyce Spurgeon Residence of mother (if deceased, so state): Same Birthplace of mother (State or foreign country): IN | | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 applicant's father: Bruce Lee Stapert Residence of father (if deceased, so state): Indianapolis Birthplace of father (State or foreign country): IN (b) Full maiden name of applicant's mother: Helen Joan Shiggins Residence of mother (if deceased, so state): Same Birthplace of mother (State or foreign country): IN | |
| ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant: [Signature] 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. Clerk of Court: _____ Date: _____ | | ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant: [Signature] 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. 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: [Signature] New Address: _____ Subscribed and sworn to before me this 10 day of 9, 1990 [Signature] Clerk of the HENDRICKS Circuit Court | | State of Indiana) County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct. Signed: [Signature] New Address: _____ Subscribed and sworn to before me this 10 day of 9, 1990 [Signature] Clerk of the HENDRICKS Circuit Court | |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana) County of HENDRICKS) ss: Signed: _____ Father Signed: _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk | | CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana) County of HENDRICKS) ss: Signed: _____ Father Signed: _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk | |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JEFFERY S. MITNY and LINDA K. STAPERT.

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

I, WILLIAM R. CLAYTON (name), certify that on 10-6-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, JEFFERY S. MITNY of HENDRICKS County, IN (state), and LINDA K. STAPERT of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-6-90.

Signed by: /s/ WILLIAM R. CLAYTON, PASTOR (official designation)

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

Signed [Signature] Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 535

File

9-11-90
Date of Application

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

Female
Medical Examination or Report Dated 8-30-90
Name of Physician Green, J. H., M.D.

MALE APPLICANT

Name First Middle Last
William D. Marker
Date of Birth Month Day Year
3 28 69
Place of Birth (State or foreign country) Ind.
Residence Address Street or R.R. City County State
1646 E. Lawrence, Indpls.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. J. H.

- Are you now 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.

- 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
Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)
 - Full maiden name of applicant's mother
Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)

FEMALE APPLICANT

Name First Middle Last
Stephanie M. Redman
Date of Birth Month Day Year
6 26 68
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State
272, Bayview, Pittsburg, Hendricks, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Divorce Lic

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children.

- Full name of father of dependent children Robert Harold Redman
Residence of father (if deceased, so state) Pittsburg, Ind.
Birthplace of father (State or foreign country) Illinois
 - Full maiden name of mother of dependent children Coralee Robinson
Residence of mother (if deceased, so state) Pittsburg, Ind.
Birthplace of mother (State or foreign country) Indiana
- Full name of applicant's father
Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)
 - 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 William D. Marker Date

The above applicant has 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 William D. Marker

New Address

Subscribed and sworn to before me this 17 day of 9, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Stephanie M. Redman Date 9-11-90

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Stephanie M. Redman

New Address

Subscribed and sworn to before me this 11th day of Sept., 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 WILLIAM DEAN MARKER and

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 of MARION County, IN (state), and STEPHANIE M. REDMAN of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-11-90

Signed by: /s/ J. DONALD BOEBINGER PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-11-90 (date).

Signed Connie Lawson 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

No. 536
File 9-11-90
Date of Application

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

Female
Medical Examination or Report Dated 2-4-84
Name of Physician Nicholas N Prochazka

| MALE APPLICANT | | FEMALE APPLICANT | |
|---|--|--|--|
| Name <u>Christopher</u> First <u>Douglas</u> Middle <u>Keers</u> Last | Name <u>Kimberly</u> First <u>Jo</u> Middle <u>Lewis</u> Last | Date of Birth <u>June</u> Month <u>20</u> Day <u>1966</u> Year | Date of Birth <u>June</u> Month <u>26</u> Day <u>1967</u> Year |
| Place of Birth (State or foreign country) <u>Indiana</u> | Place of Birth (State or foreign country) <u>Indiana</u> | Residence Address <u>221 N Maple</u> Street or R.R. <u>Pittsboro</u> City <u>Hendricks</u> County <u>Ind</u> State | Residence Address <u>221 N Maple</u> Street or R.R. <u>Pittsboro</u> City <u>Hendricks</u> County <u>Ind</u> State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: Never Married <input type="checkbox"/> OR | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. _____ | 5. List the full names of any dependent children. <u>Amber Michelle Coates</u> | 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 father <u>Joseph Fredrick Keers</u> | 7. (a) Full name of applicant's father <u>Eugene Duane Lewis Jr</u> |
| Residence of father (if deceased, so state) <u>Indiana</u> | Residence of father (if deceased, so state) <u>Indiana</u> | Birthplace of father (State or foreign country) <u>Indiana</u> | Birthplace of father (State or foreign country) <u>Indiana</u> |
| (b) Full maiden name of applicant's mother <u>Barbara Ann Zore</u> | (b) Full maiden name of applicant's mother <u>Kathy Jo Karst</u> | Residence of mother (if deceased, so state) <u>Indiana</u> | Residence of mother (if deceased, so state) <u>Indiana</u> |
| Birthplace of mother (State or foreign country) <u>Indiana</u> | Birthplace of mother (State or foreign country) <u>Indiana</u> | <p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Christopher D Keers</u> Date <u>9-11-90</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>Christopher D Keers</u></p> <p>New Address <u>Same</u></p> <p>Subscribed and sworn to before me this <u>11</u> day of <u>Sept</u>, 19 <u>90</u></p> <p><u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> | |
| <p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Kimberly Jo Lewis</u> Date <u>Sept. 11, 1990</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>Kimberly Jo Lewis</u></p> <p>New Address <u>Same</u></p> <p>Subscribed and sworn to before me this <u>11</u> day of <u>Sept</u>, 19 <u>90</u></p> <p><u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> | | <p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss:</p> <p>Signed _____ Father</p> <p>Signed _____ Mother</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____</p> <p>_____ Clerk</p> | |

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-11-90, authorizing the marriage of CHRISTOPHER 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 on 9-29-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, CHRISTOPHER DOUGLAS KEERS of HENDRICKS County, IN (state), and KIMBERLY JO LEWIS of HENDRICKS County, IN (state) were 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/ HAROLD L. LEININGER PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-5-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

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. Stogard

| MALE APPLICANT | | | | |
|--|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| | Elmer | Lyn | Wilson | |
| Date of Birth | Month | Day | Year | |
| | 4 | 29 | 64 | |
| Place of Birth (State or foreign country) | | | | |
| IL | | | | |
| Residence Address | Street or R.R. | City | County | State |
| 1678 Oakmont Rd. Naperville, Ill. 60564 | | | | |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Stogard</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>Donald S. Wilson</u> | | | | |
| Residence of father (if deceased, so state) <u>Ill. Naperville</u> | | | | |
| Birthplace of father (State or foreign country) <u>Ill.</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Shirley Ann Thompson</u> | | | | |
| Residence of mother (if deceased, so state) <u>Ill. Naperville</u> | | | | |
| Birthplace of mother (State or foreign country) <u>Ill.</u> | | | | |

| FEMALE APPLICANT | | | | |
|--|----------------|-----------|--------|-------|
| Name | First | Middle | Last | |
| | Amy | Elizabeth | Hash | |
| Date of Birth | Month | Day | Year | |
| | 6 | 28 | 71 | |
| Place of Birth (State or foreign country) | | | | |
| Ill. | | | | |
| Residence Address | Street or R.R. | City | County | State |
| R.R. 2 Box 167 Clayton, Ill. 61718 | | | | |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children. <u>Michael Hash</u> | | | | |
| 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 <u>Edward Perry Hash</u> | | | | |
| Residence of father (if deceased, so state) <u>Ill. Naperville</u> | | | | |
| Birthplace of father (State or foreign country) <u>Ill.</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Susan Ann Franklin</u> | | | | |
| Residence of mother (if deceased, so state) <u>Ill. Naperville</u> | | | | |
| Birthplace of mother (State or foreign country) <u>Ill.</u> | | | | |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Elmer Lyn Wilson Date _____

The above applicant has 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 Elmer Lyn Wilson
New Address _____
Subscribed and sworn to before me this 12 day of Sept., 1990
Loonie Spurgeon Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby 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
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

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

The above applicant has 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 Amy Hash
New Address 7358 Bentley dr. Naperville, Ill. 60564
Subscribed and sworn to before me this 12 day of Sept., 1990
Loonie Spurgeon Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby 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
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 ELMER LYN WILSON and AMY ELIZABETH HASH.

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

I, CANDACE KINGMA-PIPER (name), certify that on 9-22-90 (date), at CLAYTON in HENDRICKS County, Indiana, ELMER LYN WILSON of MARION County, IN (state), and AMY ELIZABETH HASH of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-22-90

Signed by: /s/ CANDACE KINGMA-PIPER JUDGE (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-26-90 (date).

Signed Loonie Spurgeon Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 538

File _____
Date of Application 9-12-90

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 St. Vincent Family Practice

| MALE APPLICANT | | | | | |
|--|----------------|--------|--------|-------|--|
| Name | First | Middle | Last | | |
| Date of Birth | Month | Day | Year | | |
| Place of Birth (State or foreign country) | | | | | |
| Residence Address | Street or R.R. | City | County | State | |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Dr. James</u> | | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 5. List the full names of any dependent children. <u>Daniel Ludlow</u> | | | | | |
| <u>Jennifer Dixon</u> | | | | | |
| 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 <u>James Dixon</u> | | | | | |
| Residence of father (if deceased, so state) <u>New Ross, Ind.</u> | | | | | |
| Birthplace of father (State or foreign country) <u>Tenn.</u> | | | | | |
| (b) Full maiden name of applicant's mother <u>Joni Dively</u> | | | | | |
| Residence of mother (if deceased, so state) <u>Ind.</u> | | | | | |
| Birthplace of mother (State or foreign country) <u>Ky</u> | | | | | |

| FEMALE APPLICANT | | | | | |
|--|----------------|--------|--------|-------|--|
| Name | First | Middle | Last | | |
| Date of Birth | Month | Day | Year | | |
| Place of Birth (State or foreign country) | | | | | |
| Residence Address | Street or R.R. | City | County | State | |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. James</u> | | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 5. List the full names of any dependent children. <u>Daniel Ludlow</u> | | | | | |
| 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 <u>James Ludlow</u> | | | | | |
| Residence of father (if deceased, so state) <u>Linton, Ind.</u> | | | | | |
| Birthplace of father (State or foreign country) <u>Ind.</u> | | | | | |
| (b) Full maiden name of applicant's mother <u>Donna Cooper</u> | | | | | |
| Residence of mother (if deceased, so state) <u>Ind.</u> | | | | | |
| Birthplace of mother (State or foreign country) <u>Ind.</u> | | | | | |

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Larry Dixon 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.

Clerk of Court _____ Date _____

ACKNOWLEDGMENT

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

Signature of Applicant Michelle Ludlow 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.

Clerk of Court _____ Date _____

State of Indiana **HENDRICKS** ss: I swear/affirm that the information given in this application is true and correct.

Signed Larry Dixon

New Address 119 St. Jefferson Brownsburg

Subscribed and sworn to before me this 12 day of Sept, 1990

Connie Swanson Clerk 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 Michelle Ludlow

New Address 119 St. Jefferson Brownsburg

Subscribed and sworn to before me this 12 day of Sept, 1990

Connie Swanson Clerk of the **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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 **HENDRICKS**)

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana **HENDRICKS**) ss: _____

County of **HENDRICKS**)

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 LARRY E. DIXON and MICHELLE C. LUDLOW.

I further certify that the following marriage certificate was filed in my office:

I, MARVIN E. SIPES (name), certify that on 10-12-90 (date), at INDPLS in MARION County, Indiana, LARRY E. DIXON of HENDRICKS County, IN (state), and MICHELLE C. LUDLOW of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of **HENDRICKS** County, Indiana, dated 10-12-90.

Signed by: /s/ MARVIN E. SIPES MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-19-90 (date).

Signed Connie Swanson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 539

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 Charles H. Snipple

| 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 |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Da. Lic.</u> | | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Da. Lic.</u> | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 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 Residence of father (if deceased, so state) Birthplace of father (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) | | (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) | | 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) | | (b) Full maiden name of applicant's mother 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 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 <u>Frank J. Strole</u> Date <u>Sept 12, 1990</u> | | Signature of Applicant <u>Robin Lynn Bloomer</u> Date <u>9-12-90</u> | |
| 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 _____) ss: 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 in this application is true and correct. | |
| County of <u>HENDRICKS</u>) | | County of <u>HENDRICKS</u>) | |
| Signed <u>Frank J. Strole</u> | | Signed <u>Robin Lynn Bloomer</u> | |
| New Address <u>801st B Indianapolis, Ind 46214</u> | | New Address _____ | |
| Subscribed and sworn to before me this <u>12</u> day of <u>9</u> , 19 <u>90</u> | | Subscribed and sworn to before me this <u>12</u> day of <u>9</u> , 19 <u>90</u> | |
| <u>Donnie Spawton</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | <u>Donnie Spawton</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: | | State of Indiana <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

I 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 FRANK J. STROLE and ROBIN LYNN BLOOMER.

I further certify that the following marriage certificate was filed in my office:

I, PAUL G. MALLORY, JR. (name), certify that on 9-15-90 (date), at CARTERSBURG in HENDRICKS County, Indiana, FRANK JOSEPH STROLE of MARION County, IN (state), and ROBIN LYNN BLOOMER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-15-90.

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 Donnie Spawton Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 540

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 Dr. James J. Amadio

| MALE APPLICANT | | | | | FEMALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | | Name | First | Middle | Last | |
| | Curtis | Dean | Franke | | | Leigh | Anne | Jones | |
| Date of Birth | Month | Day | Year | | Date of Birth | Month | Day | Year | |
| | 4 | 18 | 1966 | | | 8 | 10 | 1967 | |
| Place of Birth (State or foreign country) | | | | | Place of Birth (State or foreign country) | | | | |
| TX | | | | | IN | | | | |
| Residence Address | Street or R.R. | City | County | State | Residence Address | Street or R.R. | City | County | State |
| 21 Genoa St. Unit C. Amadio, CA 91006 | | | | | 12 Sanford Dr. B'burg | | | | |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) | | | | | Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 Residence of father (if deceased, so state) Birthplace of father (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) | | | | | (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) | | | | | 7. (a) Full name of applicant's father Residence of father (if deceased, so state) Birthplace of father (State or foreign country) | | | | |
| Robert Dean Franke St. Wayne IN IN | | | | | James Robert Jones B'burg Ill IN | | | | |
| (b) Full maiden name of applicant's mother Residence of mother (if deceased, so state) Birthplace of mother (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) | | | | |
| Carolyn Ann Hostetter Same IN | | | | | Bonnie Barbara Branski Same IN | | | | |
| 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 <u>Curtis D. Franke</u> Date <u>9-12-90</u> | | | | | Signature of Applicant <u>Leigh Anne Jones</u> Date <u>9/12/90</u> | | | | |
| 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | | | | | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | | | | |
| Signed <u>Curtis D. Franke</u> | | | | | Signed <u>Leigh Anne Jones</u> | | | | |
| New Address _____ | | | | | New Address <u>21 Genoa Street, Unit C Amadio, CA 91006</u> | | | | |
| Subscribed and sworn to before me this <u>12</u> day of <u>9</u> , 19 <u>90</u> <u>Bonnie Spurr</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | | | | Subscribed and sworn to before me this <u>12</u> day of <u>9</u> , 19 <u>90</u> <u>Bonnie Spurr</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | | | |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: County of _____) | | | | | State of Indiana <u>HENDRICKS</u>) 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 | | | | |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 CURTIS DEAN FRANKE and LEIGH ANNE JONES.

I further certify that the following marriage certificate was filed in my office:

I, LINDA McCOY (name), certify that on 9-15-90 (date), at INDPLS in MARION County, Indiana, CURTIS DEAN FRANKE of LOS ANGELES County, CA (state), and LEIGH ANNE JONES of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-15-90.

Signed by: /s/ LINDA McCOY MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-18-90 (date).

Signed Bonnie Spurr Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 541

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 Bernard E. Kell

| 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 |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | | Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Da Fin.</u> | | Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>Dana, Dorian</u> 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 <u>Harold Raymond Catt</u> Residence of father (if deceased, so state) <u>Bluffton Ind.</u> Birthplace of father (State or foreign country) <u>OH</u> (b) Full maiden name of applicant's mother <u>Maudie A. Pfeiffer</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>NY</u> | | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 applicant's father <u>Marvin A. Smith</u> Residence of father (if deceased, so state) <u>Danville Ind.</u> Birthplace of father (State or foreign country) <u>Ind</u> (b) Full maiden name of applicant's mother <u>Elizabeth Ann Lynch</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>Ind</u> | |
| 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 <u>Gary T. Catt</u> Date <u>9-12-90</u> | | Signature of Applicant <u>Patricia J. Smith</u> Date <u>9-12-90</u> | |
| 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 <u>Patricia J. Smith</u> Date <u>9-12-90</u> | |
| State of Indiana) County of <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | | State of Indiana) County of <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Gary T. Catt</u> | | Signed <u>X</u> | |
| New Address _____ | | New Address _____ | |
| Subscribed and sworn to before me this <u>12</u> day of <u>9</u> , 19 <u>90</u> | | Subscribed and sworn to before me this <u>12</u> day of <u>9</u> , 19 <u>90</u> | |
| <u>Donna J. Stiles</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | <u>Donna J. Stiles</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: | | State of Indiana) County of <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

I 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 GARY T. CATT and PATRICIA JO SMITH.

I further certify that the following marriage certificate was filed in my office:

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 Court of HENDRICKS County, Indiana, dated 9-12-90.

Signed by: /s/ S. V. STILES PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-17-90 (date).

Signed Donna J. Stiles 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

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 _____
Name of Physician Dr. Thompson

| MALE APPLICANT | FEMALE APPLICANT |
|--|--|
| Name <u>Bobby Joe Gilbrech</u> | Name <u>Beverly Ann Dove</u> |
| Date of Birth <u>8</u> Month <u>21</u> Day <u>71</u> Year | Date of Birth <u>7</u> Month <u>9</u> Day <u>69</u> Year |
| Place of Birth (State or foreign country) <u>Ind.</u> | Place of Birth (State or foreign country) <u>Ind.</u> |
| Residence Address <u>Box 202, 107 N. Pearl St. Danville, Ind.</u> | Residence Address <u>Box 202, 105 N. Pearl St. Danville, Ind.</u> |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | (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 <u>Robert Chester Gilbrech</u> Residence of father (if deceased, so state) <u>Danville, Ind.</u> Birthplace of father (State or foreign country) <u>Ind.</u> | 7. (a) Full name of applicant's father <u>William Lee Dove</u> Residence of father (if deceased, so state) <u>Danville</u> Birthplace of father (State or foreign country) <u>PA</u> |
| (b) Full maiden name of applicant's mother <u>Helen Marie Phillips</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>Ind.</u> | (b) Full maiden name of applicant's mother <u>Mary Ann Russell</u> Residence of mother (if deceased, so state) <u>Washington, ID</u> Birthplace of mother (State or foreign country) <u>ID</u> |
| 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 <u>Bobby J. Gilbrech</u> Date <u>9-13-90</u> | I acknowledge that I have received information regarding 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 <u>Beverly A. Dove</u> Date <u>9-13-90</u> |
| The 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Bobby J. Gilbrech</u> New Address _____ Subscribed and sworn to before me this <u>13</u> day of <u>9</u> , 19 <u>90</u> <u>Donna Spence</u> Clerk of the <u>HENDRICKS</u> Circuit Court | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Beverly A. Dove</u> New Address _____ Subscribed and sworn to before me this <u>13</u> day of <u>9</u> , 19 <u>90</u> <u>Donna Spence</u> Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: County of _____) Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19_____ _____ Clerk | We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) ss: County of _____) Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19_____ _____ Clerk |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-13-90, authorizing the marriage of BOBBY JOE GILBRECH and BEVERLY ANN DOVE.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE (name), certify that on 9-13-90 (date), at DANVILLE in HENDRICKS County, Indiana, BOBBY JOE GILBRECH of HENDRICKS County, IN (state), and BEVERLY ANN DOVE of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-13-90.

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 9-13-90 (date).

Signed Donna Spence Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 543

File _____

HENDRICKS County9-13-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated _____
Name of Physician M. Phelps

MALE APPLICANT

Name Christopher Michael Saylor
Date of Birth 11 Month 12 Day 12 Year
Place of Birth (State or foreign country) IN
Residence Address 216 Churchill Dr. Mooresville
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 ☐
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. _____

- 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 M. Donald Saylor
Residence of father (if deceased, so state) Donned
Birthplace of father (State or foreign country) IN
 - Full maiden name of applicant's mother Rebecca J. Miller
Residence of mother (if deceased, so state) Mooresville Ind.
Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name Heather Dawn Elmore
Date of Birth 4 Month 9 Day 71 Year
Place of Birth (State or foreign country) IN
Residence Address 632 Pike Sp. Pz. 8
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? No ☒ Yes ☐
- List 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 Ronnie Dale Elmore
Residence of father (if deceased, so state) Pike Ind.
Birthplace of father (State or foreign country) IN
 - Full maiden name of applicant's mother Frances Jean Schabauer
Residence of mother (if deceased, so state) Churchill IN
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Christopher M. Saylor Date _____

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.

Signed Christopher M. Saylor

New Address _____

Subscribed and sworn to before me this 13 day of 9, 1990
Ronnie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed Ronnie Johnson Mother

Subscribed and sworn to before me this 13 day of 9, 1990
Ronnie Johnson Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Heather Dawn Elmore Date 9-13-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Heather Dawn Elmore

New Address 274 Northridge Dr. Mooresville, IN 46158

Subscribed and sworn to before me this 13 day of 9, 1990
Ronnie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-13-90, authorizing the marriage of CHRISTOPHER MICHAEL SAYLOR and HEATHER DAWN ELMORE.

I further certify that the following marriage certificate was filed in my office:

I, RICHARD C. BOYNTON (name), certify that on 9-22-90 (date), at INDPLS in MARION County, Indiana, CHRISTOPHER M. SAYLOR of MORGAN County, IN (state), and HEATHER D. ELMORE of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-22-90.

Signed by: /s/ RICHARD C. BOYNTON MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-26-90 (date).

Signed Ronnie Johnson 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

No. 544
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 6-4-90
Name of Physician Dr. Kevin Smith

| MALE APPLICANT | FEMALE APPLICANT |
|--|--|
| Name <u>Douglas Eric Scott</u> | Name <u>Tammy Dawn Shue</u> |
| Date of Birth <u>8</u> Month <u>30</u> Day <u>70</u> Year | Date of Birth <u>9</u> Month <u>12</u> Day <u>73</u> Year |
| Place of Birth (State or foreign country) <u>Alton, Ill.</u> | Place of Birth (State or foreign country) <u>Sanacelle, Ind.</u> |
| Residence Address <u>266 Ann Ave., Plainfield, Ind.</u> | Residence Address <u>11418 Tulip Dr., Indpls., Ind. 46231</u> |
| Previous Marital Status: <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> OR | Previous Marital Status: <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> OR |
| Last Marriage Ended By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 _____ 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) _____ | 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 <u>Douglas Melvin Scott</u> Residence of father (if deceased, so state) <u>Plainfield, Ind.</u> Birthplace of father (State or foreign country) <u>Missouri</u> (b) Full maiden name of applicant's mother <u>Diana Fay Melow</u> Residence of mother (if deceased, so state) <u>Plainfield, Ind.</u> Birthplace of mother (State or foreign country) <u>Illinois</u> | 7. (a) Full name of applicant's father <u>Gary Lee Shue</u> Residence of father (if deceased, so state) <u>Indianapolis, Ind.</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Donna Marie Shue</u> Residence of mother (if deceased, so state) <u>Indianapolis, Ind.</u> Birthplace of mother (State or foreign country) <u>Indiana</u> |
| ACKNOWLEDGMENT I acknowledge that I have received information regarding 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 <u>Douglas Scott</u> Date <u>9-13-90</u> The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____ | ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Tammy Shue</u> Date <u>9-13-90</u> The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____ |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. County of _____) Signed <u>Douglas Scott</u> New Address _____ Subscribed and sworn to before me this <u>13th</u> day of <u>Sept</u> , 19 <u>90</u> <u>Corrie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. County of _____) Signed <u>Tammy Shue</u> New Address _____ Subscribed and sworn to before me this <u>13th</u> day of <u>Sept</u> , 19 <u>90</u> <u>Corrie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) ss: County of _____) Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ Clerk | CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) ss: County of _____) Signed <u>Gary Lee Shue</u> Father Signed <u>Donna Marie Shue</u> Mother Subscribed and sworn to before me this <u>13th</u> day of <u>Sept</u> , 19 <u>90</u> <u>Corrie Lawson</u> Clerk |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-13-90, authorizing the marriage of DOUGLAS E. SCOTT and TAMMY D. SHUE.

I further certify that the following marriage certificate was filed in my office:

I, DONALD ENDSLEY (name), certify that on 9-15-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, DOUGLAS E. SCOTT of HENDRICKS County, IN (state), and TAMMY D. SHUE of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-15-90.

Signed by: /s/ DONALD ENDSLEY BAPTIST MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-25-90 (date).

Signed Corrie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 545

File _____

HENDRICKS CountyDate of Application 9-14-90

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 M. Hefling

MALE APPLICANT

Name George First Gregory Middle Elliott Last
Date of Birth 2 Month 24 Day 66 Year
Place of Birth (State or foreign country) IN
Residence Address 230 E 300 S Street or R.R. Danville Ind City Danville County Ind State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Hefling

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence 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 applicant's father George Stephen Elliott
Residence of father (if deceased, so state) Danville Ind
Birthplace of father (State or foreign country) IL
(b) Full maiden name of applicant's mother Martha Jane Maier
Residence of mother (if deceased, so state) Ind
Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name Denise First Linn Middle Elsbury Last
Date of Birth 6 Month 6 Day 67 Year
Place of Birth (State or foreign country) IN
Residence Address 41 N Rd 300 E Street or R.R. Danville City Danville County Ind State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Hefling

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence 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 applicant's father James Edward Elsbury
Residence of father (if deceased, so state) Danville Ind
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Blenda Carol Harvey
Residence of mother (if deceased, so state) Ind
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant George Gregory Elliott Date _____

The above applicant has 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) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed George Gregory Elliott

New Address _____

Subscribed and sworn to before me this 14 day of Sept, 19 90
Donna Spurr Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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 HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Denise Linn Elsbury Date _____

The above applicant has 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) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed Denise Linn Elsbury

New Address _____

Subscribed and sworn to before me this 14 day of Sept, 19 90
Donna Spurr Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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 HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 GEORGE G. ELLIOTT and DENISE L. ELSBURY.

I further certify that the following marriage certificate was filed in my office:

I, A. W. FARNSWORTH IV (name), certify that on 9-30-90 (date), at DANVILLE in HENDRICKS County, Indiana, GEORGE G. ELLIOTT of HENDRICKS County, IN (state), and DENISE L. ELSBURY of HENDRICKS County, IN (state) were 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/ A. W. FARNSWORTH IV CLERGY (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-22-90 (date).

Signed Donna Spurr Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 546

File _____

HENDRICKS

County

Date of Application 9-14-90

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 Ronald D. Kracke

MALE APPLICANT

Name Douglas First D. Middle Elmore Last
Date of Birth 2 Month 26 Day 69 Year
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. City Same County 7 State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father David Joe Elmore
Residence of father (if deceased, so state) Marksville Ind.
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Diane Adell Wilkman
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) MI

FEMALE APPLICANT

Name April First D. Middle Seal Last
Date of Birth 4 Month 27 Day 68 Year
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. City 327 W. Broadway County Marksville State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Bradley Seal
Residence of father (if deceased, so state) Marksville Ind.
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Phyllis Jean Foster
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Douglas D. Elmore Date 9/14/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed Douglas D. Elmore

New Address _____

Subscribed and sworn to before me this 14 day of 9, 1990
Barrie Spurr Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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 HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant April D. Seal Date 9-14-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed April D. Seal

New Address _____

Subscribed and sworn to before me this 14 day of 9, 1990
Barrie Spurr Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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 HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 DOUGLAS D. ELMORE and APRIL D. SEAL.

I further certify that the following marriage certificate was filed in my office:

I, GERALD M. BURNETT (name), certify that on 10-20-90 (date), at MARKLEVILLE in 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 10-20-90.

Signed by: /s/ GERALD M. BURNETT MINISTER (official designation)Filed and recorded in accordance with the laws of the State of Indiana on 10-23-90 (date).Signed Barrie Spurr ClerkHENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 547

File

Date of Application 9-14-90

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 Blaug Medical Clinic

| MALE APPLICANT | |
|---|--|
| Name | First <u>Kraig</u> Middle <u>Sparrrell</u> Last <u>Kasey</u> |
| Date of Birth | Month <u>11</u> Day <u>23</u> Year <u>69</u> |
| Place of Birth (State or foreign country) | <u>IN</u> |
| Residence Address | Street or R.R. <u>8290 E. 300 N. Danville</u> City <u>IN</u> County <u>IN</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>Frederick S. Kasey</u> |
| Residence of father (if deceased, so state) | <u>Blaug Ind</u> |
| Birthplace of father (State or foreign country) | <u>IN</u> |
| (b) Full maiden name of applicant's mother | <u>Doris E. Stribart</u> |
| Residence of mother (if deceased, so state) | <u>Same</u> |
| Birthplace of mother (State or foreign country) | <u>IN</u> |

| FEMALE APPLICANT | |
|--|--|
| Name | First <u>Anita</u> Middle <u>Marie</u> Last <u>Lewis</u> |
| Date of Birth | Month <u>3</u> Day <u>2</u> Year <u>73</u> |
| Place of Birth (State or foreign country) | <u>IN</u> |
| Residence Address | Street or R.R. <u>8290 E. 300 N. Danville</u> City <u>IN</u> County <u>IN</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>Gerald Lee Lewis</u> |
| Residence of father (if deceased, so state) | <u>Blaug Ind</u> |
| Birthplace of father (State or foreign country) | <u>IN</u> |
| (b) Full maiden name of applicant's mother | <u>Rosemary Cecelia Mott</u> |
| Residence of mother (if deceased, so state) | <u>Same</u> |
| Birthplace of mother (State or foreign country) | <u>IN</u> |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Kraig Kasey Date 10-14-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
Signed X Kraig Kasey
New Address 334 HEATHER RIDGE DR. #102
Subscribed and sworn to before me this 14 day of 9, 19 90
Connie Tate Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:
County of HENDRICKS)
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Anita Lewis Date Sept 14

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.
Signed X Anita Lewis
New Address _____
Subscribed and sworn to before me this 14 day of 9, 19 90
Connie Tate Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:
County of HENDRICKS)
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 KRAIG SPARRRELL KASEY and ANITA M. LEWIS.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE (name), certify that on 9-21-90 (date), at DANVILLE in HENDRICKS County, Indiana, KRAIG S. KASEY of HENDRICKS County, IN (state), and ANITA M. LEWIS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit

Court of HENDRICKS County, Indiana, dated 9-21-90
Signed by: /s/ CONNIE TATE 1ST DEPTY CLERK (official designation)
9-21-90 (date).

Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).

Signed Connie Tate Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 547

File

Date of Application 9-14-90

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 Bilney Medical Clinic

MALE APPLICANT

Name First Kraig Middle Sparrrell Last Kasey
Date of Birth Month 11 Day 23 Year 69
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. City County State
8290 E. 300 N. Brownsville
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 ☐
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)
Birthplace of mother (State or foreign country)

- (a) Full name of applicant's father Frederick S. Kasey
Residence of father (if deceased, so state) Bilney Ind
Birthplace of father (State or foreign country) IN

- (b) Full maiden name of applicant's mother
Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)

I acknowledge that I have received information that the above applicant has been infected with a disease that is sexually transmitted, and immune deficiency syndrome).

Signature of Applicant Kraig Kasey

The above applicant has objected to the issuance of a marriage license because of religious beliefs.

Clerk of Court

State of Indiana
County of HENDRICKSSigned XNew Address 3Subscribed and sworn to before me
James E. Zappone

CONSENT OF PARENTS, PARENTS

We, the parents of this applicant, hereby state facts which make the consent of the parents necessary.

State of Indiana
County of HENDRICKS

Signed

Signed

Subscribed and sworn to before me

FEMALE APPLICANT

Name First Anita Middle Maria Last Lewis
Date of Birth Month 3 Day 2 Year 73
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. City County State
8320 E. 300 N. Brownsville
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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)
Birthplace of mother (State or foreign country)

- (a) Full name of applicant's father Gerald Lee Lewis
Residence of father (if deceased, so state) Bilney Ind
Birthplace of father (State or foreign country) IN

Sept 4, 1990
We the undersigned parents of
Anita Lewis age 17 on this date do hereby
by grant her permission to marry
Kraig Kasey, a 20 year old adult.

Gerald L Lewis
GERALD L LEWIS

Roslyn C Lewis
ROSSLYN C. LEWIS

James E. Zappone

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 KRAIG SPARRELL KASEY and ANITA M. LEWIS.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE (name), certify that on 9-21-90 (date), at DANVILLE in HENDRICKS County, Indiana, KRAIG S. KASEY of HENDRICKS County, IN (state), and ANITA M. LEWIS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit

Court of HENDRICKS County, Indiana, dated 9-21-90

Signed by: /s/ CONNIE TATE 1ST DEPTY CLERK (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-21-90 (date).

Signed Connie Tate Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 548
File _____
Date of Application 9-18-90

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 9-18-90
Name of Physician Michael Rully

| MALE APPLICANT | | FEMALE APPLICANT | |
|---|--|---|--|
| Name | First <u>Michael</u> Middle <u>Joseph</u> Last <u>Luke Jr.</u> | Name | First <u>Heather</u> Middle <u>Sue</u> Last <u>Brock</u> |
| Date of Birth | Month <u>9</u> Day <u>18</u> Year <u>70</u> | Date of Birth | Month <u>10</u> Day <u>15</u> Year <u>72</u> |
| Place of Birth (State or foreign country) <u>IN</u> | | Place of Birth (State or foreign country) <u>IN</u> | |
| Residence Address | Street or R.R. <u>8303 W. 21st</u> City <u>Indianapolis</u> County <u>Ind.</u> State <u>Ind.</u> | Residence Address | Street or R.R. <u>1198 D. 50 E. Danville</u> City <u>IN</u> County <u>IN</u> State <u>IN</u> |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | | Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 applicant's father <u>Michael J. Luke</u> Residence of father (if deceased, so state) <u>Indianapolis</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Sharon A. Betty</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IN</u> | | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 applicant's father <u>Charlie E. Brock</u> Residence of father (if deceased, so state) <u>Indianapolis</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Patricia S. Cline</u> Residence of mother (if deceased, so state) <u>Danville IN</u> Birthplace of mother (State or foreign country) <u>IN</u> | |
| ACKNOWLEDGMENT I acknowledge that I have received information regarding 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 <u>Michael J. Luke Jr.</u> Date <u>9-18-90</u> | | ACKNOWLEDGMENT I acknowledge that I have received information regarding 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 <u>Heather S. Brock</u> Date <u>9-18-90</u> | |
| The 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Michael J. Luke Jr.</u> New Address _____ Subscribed and sworn to before me this <u>18</u> day of <u>Sept.</u> 19 <u>90</u> <u>Connie Spurgeon</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Heather S. Brock</u> New Address <u>513 Brokenheart Dr. Apt 1502</u> Subscribed and sworn to before me this <u>18</u> day of <u>Sept.</u> 19 <u>90</u> <u>Connie Spurgeon</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) ss: County of _____) Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk | | CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) ss: County of _____) Signed <u>Alvin S. Brock</u> Father Signed _____ Mother Subscribed and sworn to before me this <u>18</u> day of <u>Sept.</u> 19 <u>90</u> <u>Connie Spurgeon</u> Clerk | |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 MICHAEL J. LUKE JR. and HEATHER S. BROCK.

I further certify that the following marriage certificate was filed in my office:

I, BUFORD BROCK (name), certify that on 9-19-90 (date), at DANVILLE in HENDRICKS County, Indiana, MICHAEL J. LUKE JR. of MARION County, IN (state), and HEATHER S. BROCK of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-19-90.

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).

Signed Connie Spurgeon Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 549

File

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 J. West Waynesville

MALE APPLICANT

Name Chris First Lee Middle Kenyon Last
Date of Birth June Month 20 Day 1966 Year
Place of Birth (State or foreign country) Indiana
Residence Address 3255 Valley Farms Place, Indianapolis, In Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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.

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 David Merle Kenyon
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Nita Elaine Brown
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Claudia First Nicole Middle Gillmore Last
Date of Birth June Month 27 Day 1969 Year
Place of Birth (State or foreign country) Indiana
Residence Address RR1 Box 215 D, Pittsburg, Hendricks, In Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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 father William David Gilmore
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Mary Carroll Abel
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Chris Lee Kenyon Date 9-18-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana _____)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Chris Lee Kenyon
New Address 3255 Valley Farms Place

Subscribed and sworn to before me this 18 day of Sept, 1990
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana _____)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Claudia Nicole Gilmore Date 9-18-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana _____)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Claudia Nicole Gilmore
New Address 3255 Valley Farms Place

Subscribed and sworn to before me this 18 day of Sept, 1990
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana _____)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-20-90, authorizing the marriage of CHRIS LEE KENYON and

CLAUDIA NICHOLE GILLMORE

I further certify that the following marriage certificate was filed in my office:

I, JOHN EDWARD NOEL (name), certify that on 9-29-90 (date), at CHAPEL ROCK CHRISTIAN CHURCH in MARION County, Indiana, CHRIS LEE KENYON of MARION County, IN (state), and CLAUDIA NICHOLE GILLMORE of HENDRICKS County, IN (state) were 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/ 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 Connie Dawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

No. 550

APPLICATION FOR MARRIAGE LICENSE

File _____

HENDRICKS

County

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 Brownburg Med. Clinic

| MALE APPLICANT | | FEMALE APPLICANT | |
|--|--|--|--|
| Name | First <u>Mark</u> Middle <u>E.</u> Last <u>Michael</u> | Name | First <u>Laura</u> Middle <u>L.</u> Last <u>Varner</u> |
| Date of Birth | Month <u>7</u> Day <u>8</u> Year <u>53</u> | Date of Birth | Month <u>10</u> Day <u>12</u> Year <u>58</u> |
| Place of Birth (State or foreign country) | <u>IND</u> | Place of Birth (State or foreign country) | <u>IND</u> |
| Residence Address | Street or R.R. <u>Same</u> City <u>Indianapolis</u> County <u>Madison</u> State <u>IND</u> | Residence Address | Street or R.R. <u>2140 Spring St</u> City <u>Indianapolis</u> County <u>Madison</u> State <u>IND</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> | Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> | If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>Robert</u> | 5. List the full names of any dependent children. | <u>Spencer</u> |
| 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 father | <u>Charles Adrian Michael</u> | 7. (a) Full name of applicant's father | <u>Charles J. Black</u> |
| Residence of father (if deceased, so state) | <u>Deceased</u> | Residence of father (if deceased, so state) | <u>Deceased</u> |
| Birthplace of father (State or foreign country) | <u>IND</u> | Birthplace of father (State or foreign country) | <u>IND</u> |
| (b) Full maiden name of applicant's mother | <u>Margaret Ann Ely</u> | (b) Full maiden name of applicant's mother | <u>Spencer Ann Ely</u> |
| Residence of mother (if deceased, so state) | <u>Deceased</u> | Residence of mother (if deceased, so state) | <u>Deceased</u> |
| Birthplace of mother (State or foreign country) | <u>IND</u> | Birthplace of mother (State or foreign country) | <u>IND</u> |
| 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 | <u>Mark E. Michael</u> Date <u>9-18-90</u> | Signature of Applicant | <u>Laura Varner</u> Date <u>9-18-90</u> |
| 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | | State of Indiana) County of <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed | <u>Mark E. Michael</u> | Signed | <u>Laura Varner</u> <u>9-18-90</u> |
| New Address | _____ | New Address | _____ |
| Subscribed and sworn to before me this <u>18</u> day of <u>Sept.</u> , 19 <u>90</u> | | Subscribed and sworn to before me this <u>18</u> day of <u>Sept.</u> , 19 <u>90</u> | |
| <u>Bonnie Spence</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | <u>Bonnie Spence</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: | | State of Indiana) County of <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

I 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 MARK E. MICHAEL and LAURA L. VARNER.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE (name), certify that on 9-18-90 (date), at DANVILLE in HENDRICKS County, Indiana, MARK E. MICHAEL of HENDRICKS County, IN (state), and LAURA L. VARNER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-18-90.

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 9-18-90 (date).

Signed Bonnie Spence Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 551

File

9-19-90
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 Dr. J. J. J. J.

| MALE APPLICANT | | | | | |
|---|----------------|--------|--------|-------|--|
| Name | First | Middle | Last | | |
| Date of Birth | Month | Day | Year | | |
| Place of Birth (State or foreign country) | | | | | |
| Residence Address | Street or R.R. | City | County | State | |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Dr. J. J. J. J. | | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 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 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) | | | | | |

| FEMALE APPLICANT | | | | | |
|---|----------------|--------|--------|-------|--|
| Name | First | Middle | Last | | |
| Date of Birth | Month | Day | Year | | |
| Place of Birth (State or foreign country) | | | | | |
| Residence Address | Street or R.R. | City | County | State | |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Dr. J. J. J. J. | | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 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 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 Jeffrey A. Rollings 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.

Clerk of Court _____ Date _____

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Denise L. Carter 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jeffrey A. Rollings

New Address _____

Subscribed and sworn to before me this 19 day of Sept, 19 90

Donna J. J. J. Clerk 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 Denise L. Carter

New Address _____

Subscribed and sworn to before me this 19 day of Sept, 19 90

Donna J. J. J. Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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 HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-19-90, authorizing the marriage of JEFFREY A. ROLLINGS and DENISE L. CARTER.

I further certify that the following marriage certificate was filed in my office:

I, RONALD E. GREEN (name), certify that on 10-6-90 (date), at GREENFIELD in HANCOCK County, Indiana, JEFFREY A. ROLLINGS of HENDRICKS County, IN (state), and DENISE L. CARTER of MARION County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-6-90.

Signed by: /s/ RONALD E. GREEN PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-10-90 (date).

Signed Donna J. J. J. Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 552

File

Date of Application 9-19-90

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 Blumig Medical

| 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 | |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Dr. Blumig | | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Dr. Blumig | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 5. List the full names of any dependent children. Bryce Kuhn | | 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) | | 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) | | (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) | | 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) | | (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 Neal E. Kuhn Date 9-19-90 | | ACKNOWLEDGMENT I acknowledge that I have received information regarding 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 Barbara J. Fuller 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. 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 HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct. Signed X Neal E. Kuhn New Address Subscribed and sworn to before me this 19 day of Sept. 1990 Clerk of the HENDRICKS Circuit Court | | State of Indiana) County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct. Signed X Barbara J. Fuller New Address Subscribed and sworn to before me this 19 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) County of HENDRICKS) ss: Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk | | CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana) County of HENDRICKS) ss: Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk | |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _____ HENDRICKS _____ County, Indiana, dated 9-19-90, authorizing the marriage of NEAL E. KUHN and BARBARA JEAN FULLER.

I further certify that the following marriage certificate was filed in my office:

I, DONALD ERRARD (name), certify that on 9-22-90 (date), at INDIANAPOLIS in MARION County, Indiana, NEAL E. KUHN of DECATUR County, IN (state), and BARBARA FULLER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-24-90

Signed by: /s/ DONALD ERRARD, PRIEST (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-25-90 (date).

Signed _____ Clerk
HENDRICKS 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
Medical Examination or Report Dated 9-12-90
Name of Physician Dr. Howell

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father Micky Patrick Lester
Residence of father (if deceased, so state) Daniel
Birthplace of father (State or foreign country) W. Virginia
(b) Full maiden name of applicant's mother Micky Lynn Wilson
Residence of mother (if deceased, so state) Daniel
Birthplace of mother (State or foreign country) Lebanon, Mo.

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ 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 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? 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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father Jerral Bruce Wilson
Residence of father (if deceased, so state) Pittsburg, Mo.
Birthplace of father (State or foreign country) Danville, Ind.
(b) Full maiden name of applicant's mother Anna Marie Bass
Residence of mother (if deceased, so state) Pittsburg
Birthplace of mother (State or foreign country) Lebanon, Mo.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Mike Lester Date 9-20-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

X Signed Mike Lester

New Address

Subscribed and sworn to before me this 20 day of Sept, 1990
Carnie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Karen Wilson Date 9-20-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

X Signed Karen Wilson

New Address PO Box 242 Lexington 46149

Subscribed and sworn to before me this 20 day of Sept, 1990
Carnie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 MICHAEL D. LESTER and KAREN JEAN WILSON.

I further certify that the following marriage certificate was filed in my 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, IN (state), and KAREN JEAN WILSON of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-29-90.

Signed by: /s/ OLLIE J. TROUT, PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-1-90 (date).

Signed Carnie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 554

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.

Female
Medical Examination or Report Dated 8-24-90
Name of Physician Dr. Baker

MALE APPLICANT

Name Juan First David Middle Fontanes Last
Date of Birth January Month 18 Day 1964 Year
Place of Birth (State or foreign country) Indiana
Residence Address 102 Murray Blvd. Jackson Madison In Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Divorce

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father Arturo Luis Fontanes
Residence of father (if deceased, so state) California
Birthplace of father (State or foreign country) Barro Rico
(b) Full maiden name of applicant's mother Don Ann Jacobson
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Juan Fontanes Date 9/21/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed Juan Fontanes
New Address 102 Murray Blvd B-14 Jackson

Subscribed and sworn to before me this 21 day of Sept, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana HENDRICKS) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Susan First Kay Middle Shaffer Last
Date of Birth May Month 18 Day 1964 Year
Place of Birth (State or foreign country) Indiana
Residence Address 315 N. Howard Rd. Jackson Hendricks In Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Divorce

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father Donald Joe Shaffer
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Kathy Louise Kennedy
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Susan K. Shaffer Date 9/21/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed Susan K. Shaffer
New Address SAKE

Subscribed and sworn to before me this 21 day of Sept, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana HENDRICKS) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 SHAFFER.

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 SHAFFER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-25-90

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 Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 555

File _____

HENDRICKS County9-21-90
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 9-15-90
Name of Physician L. Hammill

MALE APPLICANT

Name Stephen V. Stair
Date of Birth 6 Month 13 Day 65 Year
Place of Birth (State or foreign country) Ohio
Residence Address 2704 Woodland Trail Columbus Ohio
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. none

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 Joseph La Stair
Residence of father (if deceased, so state) Ohio
Birthplace of father (State or foreign country) Tennessee
(b) Full maiden name of applicant's mother Carolyn Opine Turner
Residence of mother (if deceased, so state) Ohio
Birthplace of mother (State or foreign country) Tennessee

FEMALE APPLICANT

Name Margaret Ann De Rosa
Date of Birth 12 Month 8 Day 64 Year
Place of Birth (State or foreign country) Indiana
Residence Address 29 Ridgeway Dr. Brownsburg, In
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. none

6. (a) Full name of father of dependent children _____
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 G. Paul De Rosa
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Ohio
(b) Full maiden name of applicant's mother Margaret Ann Kodice
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Stephen V. Stair Date 9-21-90

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 _____

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Margaret Ann De Rosa Date 9-21-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Stephen V. Stair

New Address 2704 Woodland Trail Columbus, OH

Subscribed and sworn to before me this 21 day of Sept, 1990 43231
Connie Lawson Clerk 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 Margaret Ann De Rosa

New Address 2904 Woodland Trail Columbus, Ohio

Subscribed and sworn to before me this 21 day of Sept, 1990 43231
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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 HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 STEPHEN V. STAIR and

MARGARET ANN DeROSA.

I further certify that the following marriage certificate was filed in my office:

I, ROBERT J. GILDAY (name), certify that on 9-22-90 (date), at INDIANAPOLIS in MARION County, Indiana, STEPHEN V. STAIR of FRANKLIN County, OH (state), and MARGARET ANN DeROSA of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-25-90

Signed by: /s/ ROBERT J. GILDAY CATHOLIC PRIEST (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-25-90 (date).

Signed Connie Lawson 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

No. 556
File _____
Date of Application 9-21-90

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 9-12-90
Name of Physician Stegmiller

| MALE APPLICANT | FEMALE APPLICANT |
|--|--|
| Name <u>Allen Terry Barker</u> | Name <u>Michelle Aleta Watson</u> |
| Date of Birth <u>Month 12 Day 3 Year 69</u> | Date of Birth <u>Month 12 Day 31 Year 71</u> |
| Place of Birth (State or foreign country) <u>Indiana</u> | Place of Birth (State or foreign country) <u>Indiana</u> |
| Residence Address <u>432 Cartersburg Rd Danville In</u> | Residence Address <u>248 S. Jefferson Danville In</u> |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. <u>none</u> | 5. List the full names of any dependent children. <u>none</u> |
| 6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | (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 <u>Jerry Wayne Barker</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> | 7. (a) Full name of applicant's father <u>Ernest E. Watson</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> |
| (b) Full maiden name of applicant's mother <u>Lucy Lee Ashworth</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u> | (b) Full maiden name of applicant's mother <u>Doris A. Drexner</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u> |
| ACKNOWLEDGMENT I acknowledge that I have received information regarding 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 <u>Allen T. Barker</u> Date <u>9-21-90</u> | ACKNOWLEDGMENT I acknowledge that I have received information regarding 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 <u>Michelle Watson</u> Date <u>9-21-90</u> |
| The 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Allen T. Barker</u> New Address <u>3119 W. 10th St. Apt. C Ind.</u> Subscribed and sworn to before me this <u>21</u> day of <u>Sept</u> , 19 <u>90</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Michelle Watson</u> New Address _____ Subscribed and sworn to before me this <u>21</u> day of <u>Sept</u> , 19 <u>90</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 ALLEN TERRY BARKER and MICHELLE ALETA WATSON.

I further certify that the following marriage certificate was filed in my office:

I, MITCH DAVIS (name), certify that on 9-22-90 (date), at DANVILLE in HENDRICKS County, Indiana, ALLEN TERRY BARKER of HENDRICKS County, IN (state), and MICHELLE ALETA WATSON of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-22-90.

Signed by: /s/ MITCH DAVIS, MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-17-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 557

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.

Female

Medical Examination or Report Dated

Name of Physician Thomas L. Walker

MALE APPLICANT

Name Donald First E. Middle Bartley Last
Date of Birth Month 7 Day 17 Year 65
Place of Birth (State or foreign country) IN
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) Birth

- Are you now 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. Nikita, Michael

- (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)
- (a) Full name of applicant's father Albert D. Bartley
Residence of father (if deceased, so state) Danville, Ind.
Birthplace of father (State or foreign country) IN VA
(b) Full maiden name of applicant's mother Nikki Blakey Eggers
Residence of mother (if deceased, so state) Danville, Ind.
Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name Jennifer First S. Middle Angrick Last
Date of Birth Month 4 Day 22 Year 69
Place of Birth (State or foreign country) IN
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) Birth

- Are you now 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 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? No ☒ Yes ☐
- List the full names of any dependent children. Nikita, Michael

- (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)
- (a) Full name of applicant's father Mary Anne Angrick
Residence of father (if deceased, so state) Danville, Ind.
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of applicant's mother Diane Sue Hughes
Residence of mother (if deceased, so state) Danville, Ind.
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Donald E. Bartley Date

The above applicant has 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 X Donald E. Bartley

New Address

Subscribed and sworn to before me this 21 day of Sept. 1990
Connie Tate Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jennifer Angrick Date

The above applicant has 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 X Jennifer Angrick

New Address

Subscribed and sworn to before me this 21 day of Sept. 1990
Connie Tate Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 and JENNIFER S. ANGRICK.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE (name), certify that on 9-21-90 (date), at DANVILLE in HENDRICKS County, Indiana, DONALD E. BARTLEY of HENDRICKS County, IN (state), and JENNIFER S. ANGRICK of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-21-90

Signed by: /s/ CONNIE TATE 1ST DEPUTY CLERK (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-21-90 (date).

Signed Connie Tate Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 558

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.

Female
Medical Examination or Report Dated 9-20-90
Name of Physician B Hendricks, M.D.

MALE APPLICANT

Name Stanley Roger Fite
Date of Birth Month 2 Day 10 Year 44
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R.R. City County State
11430 Tulip Dr. Indpls, In 46231
Previous Marital Status: Never Married ☐ OR ☐

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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.

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 Edward Howard Fite
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Georgia

(b) Full maiden name of applicant's mother Laura Cheek
Residence of mother (if deceased, so state) Indpls, In.
Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name Dorothy Ann Fite
Date of Birth Month 8 Day 30 Year 47
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R.R. City County State
11430 Tulip Dr. Indpls, In 46231
Previous Marital Status: Never Married ☐ OR ☐

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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 father Paul Edward Barnhart
Residence of father (if deceased, so state) Jasonville, In.
Birthplace of father (State or foreign country) Ohio

(b) Full maiden name of applicant's mother Nellie Margaret Clark
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Stanley R. Fite Date 9-21-90

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Dorothy A. Fite Date 9-21-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Stanley R. Fite

New Address

Subscribed and sworn to before me this 21st 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:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Dorothy A. Fite

New Address

Subscribed and sworn to before me this 21st 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:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 STANLEY ROGER FITE and

DOROTHY ANN FITE

I further certify that the following marriage certificate was filed in my office:

I, MYRON BARNARD (name), certify that on 10-5-90 (date), at INDIANAPOLIS in MARION County, Indiana, STANLEY ROGER FITE of HENDRICKS County, IN (state), and DOROTHY ANN FITE of MARION County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-5-90

Signed by: /s/ MYRON BARNARD JUDGE (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-10-90 (date).

Signed Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 559

File

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 9/19/90
Name of Physician Emily Leostow of Plainfield

MALE APPLICANT

Name Stephen Lee Blewins
Date of Birth May 4 1963
Place of Birth Hendricks County, Indiana
Residence Address 615 Kentucky Plainfield, In. 46168
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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. No

- 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 Jackie Lee Blewins
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
 - Full maiden name of applicant's mother Carol Kay Cokenberger
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Stephanie Jo Homan
Date of Birth February 2nd 1966
Place of Birth Marion County, Indiana
Residence Address 615 Kentucky Plainfield, In. 46168
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children. No

- 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 William Noble Homan
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
 - Full maiden name of applicant's mother Patricia Jo Ward
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Stephen Blewins Date 9/24/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed X Stephen Blewins

New Address same

Subscribed and sworn to before me this 24th day of Sept, 1990
Corrie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana _____) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Stephanie Homan Date 9/24/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed X Stephanie Homan

New Address same

Subscribed and sworn to before me this 24th day of Sept, 1990
Corrie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana _____) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 STEPHEN LEE BLEVINS and STEPHANIE JO HOMAN.

I further certify that the following marriage certificate was filed in my office:

I, JAMES R. BONKE (name), certify that on 10-13-90 (date), at INDIANAPOLIS in MARION County, Indiana, STEPHEN LEE BLEVINS of HENDRICKS County, IN (state), and STEPHANIE JO HOMAN of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-13-90.

Signed by: /s/ JAMES R. BONKE, ROMAN CATHOLIC PRIEST (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-16-90 (date).

Signed Corrie Lawson 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

No. 560

File

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

Name Martin First Utah Middle Estes Last
Date of Birth July Month 10 Day 1968 Year
Place of Birth (State or foreign country) Hendricks, Alaska
Residence Address RR #1 Box 187, Junction, In. 46147 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) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Utah Estes
Residence of father (if deceased, so state) Kentucky
Birthplace of father (State or foreign country) Ohio
(b) Full maiden name of applicant's mother Kalanda Raye Webb
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Sherry First Lynn Middle Harvey Last
Date of Birth July Month 26 Day 1969 Year
Place of Birth (State or foreign country) Hendricks County, Indiana
Residence Address 953 Patterson, Danville, Hendricks, Indiana 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) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children. Asheley Martin's
Harvey & Adam Joshua Harvey

- (a) Full name of father of dependent children Martin Utah Estes
Residence of father (if deceased, so state) Above
Birthplace of father (State or foreign country) Above
(b) Full maiden name of mother of dependent children Sherry Lynn Harvey
Residence of mother (if deceased, so state) Above
Birthplace of mother (State or foreign country) Above
- (a) Full name of applicant's father Harry Ray Harvey
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Kathleen Jane Myers
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Martin U. Estes Date 9/24/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given
County of _____) in this application is true and correct.

Signed Martin U. Estes

New Address _____

Subscribed and sworn to before me this 24th day of Sept, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:
County of _____)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Sherry L. Harvey Date 9-24-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given
County of _____) in this application is true and correct.

Signed Sherry L. Harvey

New Address _____

Subscribed and sworn to before me this 24th day of Sept, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:
County of _____)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 and SHERRY LYNN HARVEY.

I further certify that the following marriage certificate was filed in my office:

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), and SHERRY LYNN HARVEY of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit

Court of HENDRICKS County, Indiana, dated 11-10-90

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 Connie Lawson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 561

File

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 8-10-90

Name of Physician D. Shull MD.

MALE APPLICANT

Name Brett Allen Johnston
Date of Birth 1 Month 3 Day 67 Year
Place of Birth (State or foreign country) Danville, Ill.
Residence Address R.R. #1 Box 66 City Dayton, In. State In.
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ministry

- Are you now 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.

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 Marshall Clifton Johnston
Residence of father (if deceased, so state) No Salem, In.
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Sandra Madeline Keeling
Residence of mother (if deceased, so state) No Salem, In.
Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name Denise Hutson
Date of Birth 12 Month 14 Day 57 Year
Place of Birth (State or foreign country) Booth Grove, In.
Residence Address PO Box 584 City Zionsville, In. State In.
Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ministry

- Are you now 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 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? No ☒ Yes ☐
- List the full names of any dependent children. Mattew Chittenden 14 yrs
Joan Chittenden 12 yrs.

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 Barton Loys Brooks
Residence of father (if deceased, so state) Arly, Alabama
Birthplace of father (State or foreign country) Alabama

(b) Full maiden name of applicant's mother Jo Anna Holloway
Residence of mother (if deceased, so state) Seledago, Alabama
Birthplace of mother (State or foreign country) Alabama

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Brett Johnston Date 9/24/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana _____)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Brett Johnston
New Address PO Box 584 Zionsville IN 46077

Subscribed and sworn to before me this 24th day of Sept, 19 90
Cornie Larson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Denise Hutson Date 9-24-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana _____)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Denise Hutson
New Address SAME

Subscribed and sworn to before me this 24th day of Sept, 19 90
Cornie Larson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 BRETT ALLEN JOHNSTON and 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 in HENDRICKS County, Indiana, BRETT ALLEN JOHNSTON of HENDRICKS County, IN (state), and DENISE HUTSEN of BOONE County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 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).

Signed Cornie Larson 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

No. 562

File 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 Lynette Wills M.D.

MALE APPLICANT

Name Lisardo First Batan III Last
Date of Birth Month 6 Day 2 Year 67
Place of Birth (State or foreign country) Long Island, N.Y.
Residence Address Street or R.R. City County State 614 Snowwood Dr. Plainfield, In. 46168
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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.

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 Lisardo Batan Jr.
Residence of father (if deceased, so state) San Juan, P.R.
Birthplace of father (State or foreign country) New York
(b) Full maiden name of applicant's mother Angie De La Cruz
Residence of mother (if deceased, so state) San Juan, P.R.
Birthplace of mother (State or foreign country) P.R. Puerto Rico

FEMALE APPLICANT

Name Holly Marie First Wells Last
Date of Birth Month 6 Day 3 Year 67
Place of Birth (State or foreign country) Danville, In.
Residence Address Street or R.R. City County State Rt 2 Box 310A Clayton, In.
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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 father Maurice Edgar Wells
Residence of father (if deceased, so state) Clayton, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Sandra Joan Metzger
Residence of mother (if deceased, so state) Clayton, In.
Birthplace of mother (State or foreign country) Ind. Pa.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Lisardo Batan III Date Sept 25, 1990

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.

Signed Lisardo Batan IIINew Address SAME

Subscribed and sworn to before me this 25th day of Sept, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Holly Marie Wells Date Sept 25, 1990

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.

Signed Holly WellsNew Address 614 Snowwood Dr. Plainfield

Subscribed and sworn to before me this 25th day of Sept, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-3-90, authorizing the marriage of LISARDO BATAN III and HOLLY MARIE WELLS.

I further certify that the following marriage certificate was filed in my office:

I, GUNDAR LAMBERTS (name), certify that on 10-27-90 (date), at DANVILLE in HENDRICKS County, Indiana, LISARDO BATAN III of HENDRICKS County, IN (state), and HOLLY MARIE WELLS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-27-90.

Signed by/s/ GUNDAR LAMBERTS, 10-27-90 (official designation)Filed and recorded in accordance with the laws of the State of Indiana on 10-31-90 (date).Signed Connie Lawson ClerkHENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 563

File _____

HENDRICKS CountyDate of Application 9-25-90

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 Dr. [Signature] (Bellevue)

| MALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. [Signature]</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father: <u>James J. Meiser</u> Residence of father (if deceased, so state): <u>Madison OH</u> Birthplace of father (State or foreign country): <u>OH</u> | | | | |
| (b) Full maiden name of applicant's mother: <u>Karen Ann Doran</u> Residence of mother (if deceased, so state): <u>Same</u> Birthplace of mother (State or foreign country): <u>OH</u> | | | | |

| FEMALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. [Signature]</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father: <u>Earl Eugene Trammel</u> Residence of father (if deceased, so state): <u>Blountville TN</u> Birthplace of father (State or foreign country): <u>TN</u> | | | | |
| (b) Full maiden name of applicant's mother: <u>Jan Ann Heller</u> Residence of mother (if deceased, so state): <u>Same</u> Birthplace of mother (State or foreign country): <u>TN</u> | | | | |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding 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 | <u>Robert L. Meiser</u> Date <u>9/25/90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed | <u>Robert L. Meiser</u> |
| New Address | _____ |
| Subscribed and sworn to before me this | <u>5</u> day of <u>Sept.</u> 19 <u>90</u> |
| Clerk of the | <u>HENDRICKS</u> Circuit Court |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>Kimberly A. Trammel</u> Date <u>9-25-90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed | <u>Kimberly A. Trammel</u> |
| New Address | <u>same as above</u> |
| Subscribed and sworn to before me this | <u>25</u> day of <u>Sept.</u> 19 <u>90</u> |
| Clerk of the | <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--|
| We, the parents of this applicant, hereby 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 <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: _____ |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this | _____ day of _____, 19____ |
| Clerk | _____ |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-25-90, authorizing the marriage of ROBERT L. MEISER and KIMBERLY A. TRAMMEL.

I further certify that the following marriage certificate was filed in my office:

I, DONALD TYLER (name), certify that on 10-28-90 (date), at BETHESDA BAPTIST CHURCH in HENDRICKS County, Indiana, ROBERT L. MEISER of FAIRFIELD County, OH (state), and KIMBERLY A. TRAMMEL of FAIRFIELD County, OH (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-28-90.

Signed by: /s/ DONALD TYLER MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-1-90 (date).

Signed _____ Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

473
No. 564
File _____
Date of Application 9-25-90

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 Thomas J. Stolz

| MALE APPLICANT | |
|---|---|
| Name | First <u>Edward</u> Middle <u>R.</u> Last <u>Roudebush</u> |
| Date of Birth | Month <u>07</u> Day <u>07</u> Year <u>55</u> |
| Place of Birth (State or foreign country) | <u>IN</u> |
| Residence Address | Street or P.R. <u>50 Picadilly Ct.</u> City <u>Brownsburg</u> County <u>Hendricks</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>open lic.</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>N/A</u> |
| 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 | <u>Frederick K Roudebush</u> |
| Residence of father (if deceased, so state) | <u>1300 West 2nd Anderson, IN</u> |
| Birthplace of father (State or foreign country) | <u>IN</u> |
| (b) Full maiden name of applicant's mother | <u>Georgetta L. Hoenbeck</u> |
| Residence of mother (if deceased, so state) | <u>1300 West 2nd Anderson, IN</u> |
| Birthplace of mother (State or foreign country) | <u>IN</u> |

| FEMALE APPLICANT | |
|--|---|
| Name | First <u>Mary</u> Middle <u>Lou</u> Last <u>Kelley</u> |
| Date of Birth | Month <u>09</u> Day <u>16</u> Year <u>50</u> |
| Place of Birth (State or foreign country) | <u>IN</u> |
| Residence Address | Street or P.R. <u>50 Picadilly Ct</u> City <u>Brownsburg</u> County <u>Hendricks</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>open lic.</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>N/A</u> |
| 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 | <u>John W. Dawson, JR</u> |
| Residence of father (if deceased, so state) | <u>deceased</u> |
| Birthplace of father (State or foreign country) | <u>IN</u> |
| (b) Full maiden name of applicant's mother | <u>Rosina B. Hayworth</u> |
| Residence of mother (if deceased, so state) | <u>1504 Seeley, Arlington, TX</u> |
| Birthplace of mother (State or foreign country) | <u>IN</u> |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Edward R. Roudebush Date 09-25-90

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Mary Lou Kelley Date 09-25-90

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 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 Edward R. Roudebush
New Address Same as above

Signed Mary Lou Kelley
New Address Same as above

Subscribed and sworn to before me this 25th day of Sept, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

Subscribed and sworn to before me this 25th day of Sept, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give 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____

Clerk

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 09-25-90, authorizing the marriage of EDWARD RAY ROUDEBUSH and MARY LOU KELLEY.

I further certify that the following marriage certificate was filed in my office:

I, HAROLD L. LEININGER (name), certify that on 10-20-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, EDWARD RAY ROUDEBUSH of HENDRICKS County, IN (state), and MARY LOU KELLEY of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-20-90.

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 Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 565

File

9-26-90
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 _____

| MALE APPLICANT | | FEMALE APPLICANT | |
|---|---------------------------------|---|---------------------------------|
| Name | Leon V. Patterson | Name | Nellie F. Kiefer |
| Date of Birth | 7/21/1930 | Date of Birth | July 21, 1940 |
| Place of Birth (State or foreign country) | Ind. | Place of Birth (State or foreign country) | Ind. |
| Residence Address | 44 N. Green St. Evansburg, Ind. | Residence Address | 44 N. Green St. Evansburg, Ind. |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | | Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) _____ | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 5. List the full names of any dependent children: Leon, Marlene | | 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): _____ | | 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): _____ | | (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: Union Patterson Residence of father (if deceased, so state): deceased Birthplace of father (State or foreign country): Ind. | | 7. (a) Full name of applicant's father: Edward Fiedel Residence of father (if deceased, so state): deceased Birthplace of father (State or foreign country): Ind. | |
| (b) Full maiden name of applicant's mother: Delena Robinson Residence of mother (if deceased, so state): deceased Birthplace of mother (State or foreign country): Ind. | | (b) Full maiden name of applicant's mother: Frances Harrison Residence of mother (if deceased, so state): deceased Birthplace of mother (State or foreign country): Ind. | |
| 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: Leon O. Patterson Date: 9-26-90 | | Signature of Applicant: Nellie F. Kiefer Date: 9-26-90 | |
| 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: Leon O. Patterson New Address: RR 4, Evansburg, Ind. | | Signed: Nellie F. Kiefer New Address: Home | |
| Subscribed and sworn to before me this 26 day of Sept, 1990 Bonnie Spurgeon Clerk of the HENDRICKS Circuit Court | | Subscribed and sworn to before me this 26 day of Sept, 1990 Bonnie Spurgeon 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) 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 _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-26-90, authorizing the marriage of LEON V. PATTERSON SR. and 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 in FOUNTAIN County, Indiana, LEON V. PATTERSON SR. of HENDRICKS County, IN (state), and NELLIE F. KIEFER of WARREN County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-10-90.

Signed by: /s/ MICHAEL T. CHURCH MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-14-90 (date).

Signed: Bonnie Spurgeon 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

No. 566
File _____
Date of Application 9-26-90

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 Scott J. Miller

| MALE APPLICANT | |
|---|--|
| Name | First <u>Jay</u> Middle <u>Waine</u> Last <u>Schwein</u> |
| Date of Birth | Month <u>5</u> Day <u>26</u> Year <u>77</u> |
| Place of Birth (State or foreign country) | <u>IN</u> |
| Residence Address | Street or R.R. <u>RR 1 Box 255-17</u> City <u>Pittsboro</u> County <u>IN</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>Edward B. Schwein</u> Residence of father (if deceased, so state) <u>Pittsboro Ind.</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Helen J. Payne</u> Residence of mother (if deceased, so state) <u>same</u> Birthplace of mother (State or foreign country) <u>IN</u> |

| FEMALE APPLICANT | |
|---|--|
| Name | First <u>Veronica</u> Middle <u>Denise</u> Last <u>Sloan</u> |
| Date of Birth | Month <u>11</u> Day <u>10</u> Year <u>72</u> |
| Place of Birth (State or foreign country) | <u>KY</u> |
| Residence Address | Street or R.R. <u>4712 Vandalia</u> City <u>Ind.</u> County <u>IN</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>Ronnie Ervin Sloan</u> Residence of father (if deceased, so state) <u>Vandalia Ind.</u> Birthplace of father (State or foreign country) <u>KY</u> (b) Full maiden name of applicant's mother <u>Janice Lee Spear</u> Residence of mother (if deceased, so state) <u>same</u> Birthplace of mother (State or foreign country) <u>IN</u> |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding 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 | <u>Jay Waine Schwein</u> Date <u>Aug 26, 90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed | <u>Jay Waine Schwein</u> |
| New Address | <u>same as above</u> |
| Subscribed and sworn to before me this _____ day of _____, 19____ | Clerk of the <u>HENDRICKS</u> Circuit Court |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>Veronica Denise Sloan</u> Date <u>Aug. 26, 1990</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed | <u>Veronica Denise Sloan</u> |
| New Address | _____ |
| Subscribed and sworn to before me this _____ day of _____, 19____ | Clerk of the <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--|
| We, the parents of this applicant, hereby 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 <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: _____ |
| Signed | <u>Ronnie E. Sloan</u> Father |
| Signed | <u>Janice L. Sloan</u> Mother |
| Subscribed and sworn to before me this _____ day of _____, 19____ | Clerk _____ |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-26-90, authorizing the marriage of JAY W. SCHWEIN and VERONICA D. SLOAN.

I further certify that the following marriage certificate was filed in my office:

I, JOHN E. GREEVER (name), certify that on 9-29-90 (date), at INDIANAPOLIS in MARION County, Indiana, JAY W. SCHWEIN of HENDRICKS County, IN (state), and VERONICA D. SLOAN of MARION County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-26-90.

Signed by: /s/ JOHN E. GREEVER, PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-2-90 (date).

Signed Ronnie E. Sloan Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 567File 9-26-90

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 9-25-90
Name of Physician Robert Howell, M.D.

MALE APPLICANT

Name Jeffrey First H. Middle Roberts Last
Date of Birth 5 Month 12 Day 1959 Year
Place of Birth (State or foreign country) Indiana
Residence Address 5 North Shiloh Rd., Indianapolis, In. Street or R.R. City County State
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) A.D.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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. Brittany & Jeremy Wriston
- (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) _____
- (a) Full name of applicant's father Darry A. Roberts
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) New York
(b) Full maiden name of applicant's mother Helen Wilbur
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Tamera First L. Middle Wriston Last
Date of Birth 12 Month 9 Day 1965 Year
Place of Birth (State or foreign country) Ohio
Residence Address 5 North Shiloh Rd., Ind. Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) A.D.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father James H. Wriston
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) West Virginia
(b) Full maiden name of applicant's mother Pamela Lynn Ellis
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) England

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 [Signature] Date 9-26-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed [Signature]
New Address 6 North Shiloh Rd. Ind.

Subscribed and sworn to before me this 26th day of Sept., 19 90
Connie Hanson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [Signature] Date 9-26-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed [Signature]
New Address SAME

Subscribed and sworn to before me this 26th day of Sept., 19 90
Connie Hanson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-26-90, authorizing the marriage of JEFFREY A. ROBERTS and TAMERA L. WRISTON.

I further certify that the following marriage certificate was filed in my office:

I, MYRON BARNARD (name), certify that on 10-13-90 (date), at INDIANAPOLIS in MARION County, Indiana, JEFFREY A. ROBERTS of HENDRICKS County, IN (state), and TAMERA L. WRISTON of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-13-90

Signed by: /s/ MYRON BARNARD JUDGE (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-22-90 (date).

Signed [Signature] Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

477
No. 568
File _____
Date of Application 9-27-90

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 J. Thompson

| MALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>SS#</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>Charles Anthony Halcomb</u> | | | | |
| Residence of father (if deceased, so state) <u>Living IN</u> | | | | |
| Birthplace of father (State or foreign country) <u>IN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Opsey Watkins</u> | | | | |
| Residence of mother (if deceased, so state) <u>Deceased</u> | | | | |
| Birthplace of mother (State or foreign country) <u>IN</u> | | | | |

| FEMALE APPLICANT | | | | |
|--|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>Donald R. Richardson</u> | | | | |
| Residence of father (if deceased, so state) <u>Deceased</u> | | | | |
| Birthplace of father (State or foreign country) <u>IN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Oliver Jane McBride</u> | | | | |
| Residence of mother (if deceased, so state) <u>Deceased</u> | | | | |
| Birthplace of mother (State or foreign country) <u>IN</u> | | | | |

| ACKNOWLEDGMENT | |
|--|---------------------|
| I acknowledge that I have received information regarding 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 <u>Charles A. Halcomb</u> | Date <u>9/27/90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Charles A. Halcomb</u> | |
| New Address _____ | |
| Subscribed and sworn to before me this <u>27</u> day of <u>Sept.</u> , 19 <u>90</u> | |
| <u>Donna J. Jensen</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |

| ACKNOWLEDGMENT | |
|--|---------------------|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant <u>Mary Beth Richardson</u> | Date <u>9/27/90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Mary Beth Richardson</u> | |
| New Address _____ | |
| Subscribed and sworn to before me this <u>27</u> day of <u>Sept.</u> , 19 <u>90</u> | |
| <u>Donna J. Jensen</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--|
| We, the parents of this applicant, hereby 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 <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: | |
| Signed _____ Father | |
| Signed _____ Mother | |
| Subscribed and sworn to before me this _____ day of _____, 19____ | |
| _____ Clerk | |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I 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.

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).
Signed Donna J. Jensen Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 569

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 9-13-90
Name of Physician Dr. Seavin

MALE APPLICANT

Name Patrick First Dennis Middle Wertz Last
Date of Birth November Month 28 Day 1964 Year
Place of Birth (State or foreign country) Maryland
Residence Address 207 Hancock Rd, Rfd, Hendricks, In
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Divorce License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Ernest William Wertz
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Dorlene Agn McIntyre
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Sherry First Dawn Middle Keith Last
Date of Birth March Month 31 Day 1955 Year
Place of Birth (State or foreign country) Indiana
Residence Address 207 Hancock Rd, Rfd, Hendricks, In
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Jay Dean Keith
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Margaret Maylor Hydick
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Patrick D. Wertz Date 9-27-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana _____)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Patrick D. Wertz
New Address same

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Sherry D. Keith Date 9-27-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana _____)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Sherry D. Keith
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 _____)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana _____)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 office:

I, JOHN ANTONE YOUNG (name), certify that on 10-12-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, PATRICK DENNIS WERTZ of HENDRICKS County, IN (state), and SHERRY DAWN KEITH of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-12-90.

Signed by: /s/ JOHN ANTONE YOUNG, UNIVERSITY CHAPLAIN (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-22-90 (date).

Signed Loanne Spurgeon Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 570

File _____

Date of Application 9-27-90

479

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female

Medical Examination or Report Dated _____

Name of Physician James D. Jones

| MALE APPLICANT | |
|---|--|
| Name | First <u>Kevin</u> Middle <u>Patrick</u> Last <u>Hadley</u> |
| Date of Birth | Month <u>8</u> Day <u>27</u> Year <u>64</u> |
| Place of Birth (State or foreign country) | <u>IN</u> |
| Residence Address | Street or R.R. <u>3486 Marabow Mills Place</u> City <u>Indianapolis</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Jones</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>Wallace Hadley</u> Residence of father (if deceased, so state) <u>Marion IN</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Melinda Joyce Hanner</u> Residence of mother (if deceased, so state) <u>IN</u> Birthplace of mother (State or foreign country) <u>IN</u> |

| FEMALE APPLICANT | |
|---|--|
| Name | First <u>Michelle</u> Middle <u>Lina</u> Last <u>Berry</u> |
| Date of Birth | Month <u>10</u> Day <u>20</u> Year <u>67</u> |
| Place of Birth (State or foreign country) | <u>OH</u> |
| Residence Address | Street or R.R. <u>RR 1 Box 30A</u> City <u>Highland</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Jones</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>James William Berry</u> Residence of father (if deceased, so state) <u>Highland IN</u> Birthplace of father (State or foreign country) <u>OH</u> (b) Full maiden name of applicant's mother <u>Sharon Kay Conway</u> Residence of mother (if deceased, so state) <u>IN</u> Birthplace of mother (State or foreign country) <u>OH</u> |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding 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 | <u>Kevin P. Hadley</u> Date <u>9/27/90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed | <u>Kevin P. Hadley</u> |
| New Address | <u>Same as above</u> |
| Subscribed and sworn to before me this | <u>27</u> day of <u>Sept.</u> , 19 <u>90</u> |
| | <u>Connie Jones</u> Clerk of the <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|----------------------------------|
| We, the parents of this applicant, hereby 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 <u>HENDRICKS</u>) ss: |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this | _____ day of _____, 19____ |
| | _____ Clerk |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>Michelle L. Berry</u> Date <u>9-27-90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed | <u>Michelle L. Berry</u> |
| New Address | _____ |
| Subscribed and sworn to before me this | <u>27</u> day of <u>Sept.</u> , 19 <u>90</u> |
| | <u>Connie Jones</u> Clerk of the <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|----------------------------------|
| We, the parents of this applicant, hereby 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 <u>HENDRICKS</u>) ss: |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this | _____ day of _____, 19____ |
| | _____ Clerk |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 KEVIN P. HADLEY and

MICHELLE L. BERRY

I further certify that the following marriage certificate was filed in my office:

I, DR. M. E. LANE (name), certify that on 10-13-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, KEVIN P. HADLEY of MARTON County, IN (state), and MICHELLE L. BERRY of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-13-90.

Signed by: /s/ DR. M. D. LANE, MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-7-90 (date).

Signed Connie Jones Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

571

File

9-28-90
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 9-28-90
Name of Physician T.W. Poe, M.D.

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Marital Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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.

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 (if deceased, so state)
Birthplace of mother (State or foreign country)

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Marital Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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 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 Steven Burgess Date 9/28/90

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 _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Steven Burgess

New Address 343 S. Baltimore

Subscribed and sworn to before me this 28th day of Sept, 19 90

Cornie Lawton Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jana J. Rader Date 9-28-90

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 _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jana J. Rader

New Address 343 S. Baltimore Danville, IN

Subscribed and sworn to before me this 28th day of Sept, 19 90

Cornie Lawton Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 and

JANA J. RADER

I further certify that the following marriage certificate was filed in my office:

I, ANDREW J. SIMKINS (name), certify that on 10-6-90 (date), at DANVILLE in

HENDRICKS County, Indiana, STEVEN LEE BURGESS of MARION County,

IN (state), and JANA J. RADER of HENDRICKS County,

IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit

Court of HENDRICKS County, Indiana, dated 10-10-90

Signed by: /s/ ANDREW J. SIMKINS MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-10-90 (date).

Signed Cornie Lawton Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

No. 572

APPLICATION FOR MARRIAGE LICENSE

File _____

HENDRICKS CountyDate of Application 10-1-90

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 10-1-90Name of Physician George Ostheimer

| MALE APPLICANT | |
|---|---|
| Name | First <u>James</u> Middle <u>E.</u> Last <u>Gagnon</u> |
| Date of Birth | Month <u>7</u> Day <u>22</u> Year <u>56</u> |
| Place of Birth (State or foreign country) | <u>Indiana</u> |
| Residence Address | Street or R.R. <u>652 E. Main Apt. 2</u> City <u>Plainfield</u> County <u>Madison</u> State <u>Indiana</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children: | <u>Joseph & Robert Gagnon</u> |
| 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 | <u>Herbert Joseph Gagnon</u> |
| Residence of father (if deceased, so state) | <u>Deceased</u> |
| Birthplace of father (State or foreign country) | <u>New York</u> |
| (b) Full maiden name of applicant's mother | <u>Bonnie Kaye Wilson</u> |
| Residence of mother (if deceased, so state) | <u>Indiana</u> |
| Birthplace of mother (State or foreign country) | <u>Indiana</u> |

| FEMALE APPLICANT | |
|--|---|
| Name | First <u>Judy</u> Middle <u>K.</u> Last <u>Waggoner</u> |
| Date of Birth | Month <u>10</u> Day <u>10</u> Year <u>58</u> |
| Place of Birth (State or foreign country) | <u>Indiana</u> |
| Residence Address | Street or R.R. <u>652 E. Main Apt. 2</u> City <u>Plainfield</u> County <u>Madison</u> State <u>Indiana</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children: | <u>Jessica & Jason Waggoner</u> |
| 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 | <u>James Malcolm O'Brien</u> |
| Residence of father (if deceased, so state) | <u>Indiana</u> |
| Birthplace of father (State or foreign country) | <u>Kentucky</u> |
| (b) Full maiden name of applicant's mother | <u>Elyzabeth Clinton Dickey</u> |
| Residence of mother (if deceased, so state) | <u>Indiana</u> |
| Birthplace of mother (State or foreign country) | <u>Tennessee</u> |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding 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 | <u>James E. Gagnon</u> Date <u>1 Oct 90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed | <u>James E. Gagnon</u> |
| New Address | _____ |
| Subscribed and sworn to before me this | <u>1</u> day of <u>Oct</u> , 19 <u>90</u> |
| Clerk of the | <u>HENDRICKS</u> Circuit Court |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>Judy K. Waggoner</u> Date <u>10-1-90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed | <u>Judy K. Waggoner</u> |
| New Address | _____ |
| Subscribed and sworn to before me this | <u>1</u> day of <u>Oct</u> , 19 <u>90</u> |
| Clerk of the | <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--|
| We, the parents of this applicant, hereby 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 <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: _____ |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this | _____ day of _____, 19 _____ |
| Clerk | _____ |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-1-90, authorizing the marriage of JAMES E. GAGNON and JUDY KAYE WAGGONER.

I further certify that the following marriage certificate was filed in my office:

I, E. D. BUTLER (name), certify that on 10-10-90 (date), at BLOOMINGTON in MONROE County, Indiana, JAMES E. GAGNON of HENDRICKS County, IN (state), and JUDY KAYE WAGGONER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-1-90.

Signed by: /s/ E. D. BUTLER PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-18-90 (date).

Signed Bonnie Gagnon Clerk
HENDRICKS Circuit Court

Female
Medical Examination or Report Dated _____
Name of Physician B. M. Miller

FEMALE APPLICANT

Name Nancy First Ann Middle Long Last

Date of Birth Month Day Year

Place of Birth (State or foreign country) IN

Residence Address Street or R.R. City State

Previous Marital Status: Never Married ☐ OR ☒

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Spina

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence 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 applicant's father George Thomas Long
Residence of father (if deceased, so state) Martinsville IN
Birthplace of father (State or foreign country) IN

(b) Full maiden name of applicant's mother Sandra Sue Lovine
Residence of mother (if deceased, so state) Hazlet IN
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant *Nancy Long* Date _____

The above applicant has 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 *Nancy Long*
New Address _____

Subscribed and sworn to before me this 1 day of Oct, 19 90
Connie Dawson Clerk of the **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana **HENDRICKS**)
County of _____) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____
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 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 office:
 I, EDWARD C. WHITE (name), certify that on 10-6-90 (date), at CHARITY BAPTIST CHURCH, in MARION County, Indiana, REX M. BURCHAM of HENDRICKS County, IN (state), and NANCY A. LONG of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-6-90.

Signed by: /s/ EDWARD C. WHITE, ASST. PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-9-90 (date).

Signed Connie Pearson 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

No. 574File Oct. 3, 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 9-27-90
Name of Physician Larret Harnie

| MALE APPLICANT | | FEMALE APPLICANT | |
|--|--|--|---|
| Name | First <u>Blane</u> Middle <u>Aaron</u> Last <u>Chadwick</u> | Name | First <u>Cindy Jo</u> Middle <u>Jo</u> Last <u>Miller</u> |
| Date of Birth | Month <u>Dec.</u> Day <u>22</u> Year <u>1958</u> | Date of Birth | Month <u>March</u> Day <u>4</u> Year <u>1959</u> |
| Place of Birth (State or foreign country) | <u>Marion Co. - In.</u> | Place of Birth (State or foreign country) | <u>Hendricks Co. In.</u> |
| Residence Address | Street or R.R. <u>296 W. Clinton</u> City <u>Danville</u> County <u>Hend.</u> State <u>In.</u> | Residence Address | Street or R.R. <u>296 W. Clinton St.</u> City <u>Danville</u> County <u>Hendricks</u> State <u>In.</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Divorce Decree</u> | Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Divorce Decree</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> | If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>Alan Blane Chadwick</u> | 5. List the full names of any dependent children. | <u>Christopher Alan Miller</u> |
| 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 father | <u>Monte Cleo Chadwick</u> | 7. (a) Full name of applicant's father | <u>L. C. Cline</u> |
| Residence of father (if deceased, so state) | <u>Deceased</u> | Residence of father (if deceased, so state) | <u>Danville In.</u> |
| Birthplace of father (State or foreign country) | <u>Indiana</u> | Birthplace of father (State or foreign country) | <u>Indiana</u> |
| (b) Full maiden name of applicant's mother | <u>Rosaline Faye Goldman</u> | (b) Full maiden name of applicant's mother | <u>Mary Noble Gipsen</u> |
| Residence of mother (if deceased, so state) | <u>Danville In.</u> | Residence of mother (if deceased, so state) | <u>Danville In.</u> |
| Birthplace of mother (State or foreign country) | <u>Marion In.</u> | Birthplace of mother (State or foreign country) | <u>Indiana</u> |
| 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 | <u>Blane Chadwick</u> Date <u>Oct 9/90</u> | Signature of Applicant | <u>Cindy Jo Miller</u> Date <u>Oct 3, 1990</u> |
| 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Blane Chadwick</u> | | Signed <u>Cindy Jo Miller</u> | |
| New Address <u>296 W. Clinton</u> | | New Address <u>Same</u> | |
| Subscribed and sworn to before me this <u>9</u> day of <u>OCT</u> , 19 <u>90</u> | | Subscribed and sworn to before me this <u>3</u> day of <u>Oct</u> , 19 <u>90</u> | |
| <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: | | State of Indiana <u>HENDRICKS</u>) ss: | |
| County of <u>HENDRICKS</u>) | | County of <u>HENDRICKS</u>) | |
| 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 LICENSE AND MARRIAGE CERTIFICATE

I 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 BLANE AARON CHADWICK and CINDY JO MILLER.

I further certify that the following marriage certificate was filed in my office:

I, WILLIAM E. MONROE (name), certify that on 10-12-90 (date), at SULLIVAN in SULLIVAN County, Indiana, BLANE AARON CHADWICK of HENDRICKS County, IN (state), and CINDY JO MILLER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-12-90.

Signed by: /s/ WILLIAM E. MONROE MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-16-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 575

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 D. H. Himmelstein Indph

| MALE APPLICANT | FEMALE APPLICANT |
|--|--|
| Name <u>Thomas</u> First <u>Harry</u> Middle <u>Lindsey II</u> Last | Name <u>Jenny</u> First <u>Lynn</u> Middle <u>Neville</u> Last |
| Date of Birth <u>9</u> Month <u>7</u> Day <u>66</u> Year | Date of Birth <u>12</u> Month <u>9</u> Day <u>62</u> Year |
| Place of Birth (State or foreign country) <u>MO</u> | Place of Birth (State or foreign country) <u>IN</u> |
| Residence Address <u>204 S. 10 St. Danville IN</u> Street or R.R. City County State | Residence Address <u>same</u> Street or R.R. City County State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. _____ | 5. List the full names of any dependent children. <u>Rachel</u> |
| 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) _____ | 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 <u>Thomas Harry Lindsey I</u> Residence of father (if deceased, so state) <u>Danville IN</u> Birthplace of father (State or foreign country) <u>IL</u> (b) Full maiden name of applicant's mother <u>Paula Elaine Lindsey</u> Residence of mother (if deceased, so state) <u>Danville IN</u> Birthplace of mother (State or foreign country) <u>MO</u> | 7. (a) Full name of applicant's father <u>Denzil Neville Jr.</u> Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Carolyn Sue Armstrong</u> Residence of mother (if deceased, so state) <u>Indph. IN</u> Birthplace of mother (State or foreign country) <u>IN</u> |
| 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 <u>X Thomas H. Lindsey II</u> Date <u>10/4/90</u> | I acknowledge that I have received information regarding 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 <u>X Jenny Neville</u> Date <u>10/4/90</u> |
| The 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>X Thomas H. Lindsey II</u> New Address _____ Subscribed and sworn to before me this <u>4</u> day of <u>Oct.</u> , 19 <u>90</u> <u>Loanne Spawan</u> Clerk of the <u>HENDRICKS</u> Circuit Court | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>X Jenny Neville</u> New Address _____ Subscribed and sworn to before me this <u>4</u> day of <u>Oct.</u> , 19 <u>90</u> <u>Loanne Spawan</u> Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk | We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) ss: Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 office:

I, C. S. CHESEBROUGH (name), certify that on 10-13-90 (date), at DANVILLE in HENDRICKS County, Indiana, THOMAS H. LINDSEY II of HENDRICKS County, IN (state), and JENNY L. NEVILLE of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-13-90.

Signed by: /s/ C. S. CHESEBROUGH PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-15-90 (date).

Signed Loanne Spawan 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

No. 576

File

Oct. 4, 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 10/4/90

Name of Physician

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State
Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drumie Lic

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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. None

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 Louise Herbert Shelton
Residence of father (if deceased, so state) Claytonville, Ind.
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Jean Kay Fields
Residence of mother (if deceased, so state) Claytonville, Ind.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State
Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drumie Lic

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children. Kimberly Kay Farmer

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 Larry L. White
Residence of father (if deceased, so state) Danville, Ind.
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Wilma Ruth Swinney
Residence of mother (if deceased, so state) Danville, Ind.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Joseph Allen Shelton 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Joseph Allen Shelton
New Address RR1 Box 1-C Fort Station, IN

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Sharon Kay Farmer Date Oct 4, 1990

The above applicant has 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 Sharon Kay Farmer
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)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 office:

I, JOHN STRIFLER (name), certify that on 10-20-90 (date), at DANVILLE in HENDRICKS County, Indiana, JOSEPH SHELTON of BOONE County, IN (state), and SHARON FARMER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-20-90.

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 (date).

Signed Donnie Gannon Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 577

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 8-27-90
Name of Physician Donald Johnson

MALE APPLICANT

Name Timothy James Gillum
Date of Birth Month 3 Day 27 Year 68
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 6174 Nalon Ct Apt A Indpls, In 46224
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 ☐
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. _____

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 James Eldon Gillum
Residence of father (if deceased, so state) New Palestine, In.
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Grace Suzanne Anness
Residence of mother (if deceased, so state) New Palestine, In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Anita Marie Oaldon
Date of Birth Month 10 Day 8 Year 62
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 120 N. Rd 475 E Danville, In.
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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 father Rever Edsel Oaldon
Residence of father (if deceased, so state) Danville, In.
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Carolyn Jane West
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Timothy J. Gillum 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 _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Timothy J. Gillum

New Address SAME

Subscribed and sworn to before me this 4th day of Oct, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Anita M. Oaldon 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 _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Anita M. Oaldon

New Address 120 N. Rd 6174 Nalon Ct #A Indpls, In.

Subscribed and sworn to before me this 4th day of Oct, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 TIMOTHY JAMES GILLUM and

ANITA MARIE OALDON

I further certify that the following marriage certificate was filed in my office:

I, MARY LEE COMER (name), certify that on 10-5-90 (date), at DANVILLE in HENDRICKS County, Indiana, TIMOTHY JAMES GILLUM of MARION County, IN (state), and ANITA MARIE OALDON of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-5-90

Signed by: /s/ MARY LEE COMER JUDGE SUP CT I HENDRICKS COUNTY (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-5-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

487
No. 578
File _____
Date of Application 10-4-90

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 Robert J. Deaton M.D.

| MALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. De</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>Michael J. Reese I</u> | | | | |
| Residence of father (if deceased, so state) <u>Danville IN</u> | | | | |
| Birthplace of father (State or foreign country) <u>IN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Janet K. Fox</u> | | | | |
| Residence of mother (if deceased, so state) <u>Same</u> | | | | |
| Birthplace of mother (State or foreign country) <u>IN</u> | | | | |

| FEMALE APPLICANT | | | | |
|--|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. De</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>Richard E. Sommers</u> | | | | |
| Residence of father (if deceased, so state) <u>Danville IN</u> | | | | |
| Birthplace of father (State or foreign country) <u>IN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Jean Graham</u> | | | | |
| Residence of mother (if deceased, so state) <u>Same</u> | | | | |
| Birthplace of mother (State or foreign country) <u>IN</u> | | | | |

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Michael Reese Jr. 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 _____ Date _____

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Ira Jean Lewis 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 _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Michael Reese Jr.

New Address _____

Subscribed and sworn to before me this 4 day of Oct, 1990

Donnie Spawson Clerk 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 X Ira Jean Lewis

New Address _____

Subscribed and sworn to before me this 4 day of Oct, 1990

Donnie Spawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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 HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 MICHAEL L. REESE II and IVA J. LEWIS.

I further certify that the following marriage certificate was filed in my office:

I, P. MICHAEL THORNBURG (name), certify that on 10-20-90 (date), at DANVILLE in HENDRICKS County, Indiana, MICHAEL L. REESE II of HENDRICKS County, IN (state), and IVA J. LEWIS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-20-90.

Signed by: /s/ P. MICHAEL THORNBURG MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-23-90 (date).

Signed Donnie Spawson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 579

File _____

HENDRICKS County10-4-90
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 10-5-90
Name of Physician Dr. Harris

MALE APPLICANT

Name First Joseph Middle Gwynne Last McDonald II
Date of Birth Month 10 Day 25 Year 69
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. City County State
248 W. Marion Apt. 3 Danville
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 ☐
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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Joseph G. I. McDonald
Residence of father (if deceased, so state) Danville IN
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Gob M. Meece
Residence of mother (if deceased, so state) Danville IN
Birthplace of mother (State or foreign country) KY

FEMALE APPLICANT

Name First Andra Middle Elizabeth Last Short
Date of Birth Month 10 Day 25 Year 69
Place of Birth (State or foreign country) Indianspolis - In.
Residence Address Street or R.R. City County State
248 W. Marion Apt 3 Danville In.
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father David Phillip Short
Residence of father (if deceased, so state) Cottersville In.
Birthplace of father (State or foreign country) Indpls In.
(b) Full maiden name of applicant's mother Josephine Mc Kenna
Residence of mother (if deceased, so state) Indpls In.
Birthplace of mother (State or foreign country) Indpls In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Joseph G. McDonald II 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Joseph G. McDonald II

New Address _____

Subscribed and sworn to before me this 4 day of Oct., 1990

Loanne Hanson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Andra Short Date 10-5-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Andra Short

New Address 248 W. Marion Apt 3 Danville, In

Subscribed and sworn to before me this 5 day of Oct., 1990

Cornie Hanson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 office:

I, STEVAN W. RANSON (name), certify that on 10-6-90 (date), at CLAYTON in HENDRICKS County, Indiana, JOSEPH McDONALD II of HENDRICKS County, IN (state), and ANDRA E. SHORT of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-6-90.

Signed by: /s/ STEVAN W. RANSON MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-10-90 (date).

Signed Loanne Hanson 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

No. 580

File 10-5-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-20-90
Name of Physician Dr. Squires

| MALE APPLICANT | | FEMALE APPLICANT | |
|--|---|--|---|
| Name | Hubert Walker Belden III | Name | Joni Denise Belden |
| Date of Birth | December 2, 1964 | Date of Birth | October 30, 1963 |
| Place of Birth (State or foreign country) | Colorado | Place of Birth (State or foreign country) | Indiana |
| Residence Address, Street or R.R., City, County, State | 9330 W 10th St, Apt 26 W, Indianapolis, Hendricks, In | Residence Address, Street or R.R., City, County, State | 9330 W 10th St, Apt 26 W, Indianapolis, Hendricks, In |
| Previous Marital Status: Never Married <input type="checkbox"/> OR | | Previous Marital Status: Never Married <input type="checkbox"/> OR | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Divorce Decree | | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Divorce Decree | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 5. List the full names of any dependent children: Ella Eileen 3 yrs, Robert Mackenzie 1 mo | | 5. List the full names of any dependent children: Ella Eileen 3 yrs, Robert Mackenzie 1 mo | |
| 6. (a) Full name of father of dependent children: _____ Residence of father (if deceased, so state): _____ Birthplace of father (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): _____ | | (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: Hubert Walker Belden II Residence of father (if deceased, so state): Indiana Birthplace of father (State or foreign country): Indiana | | 7. (a) Full name of applicant's father: Robert Gerald Kaiser Residence of father (if deceased, so state): Indiana Birthplace of father (State or foreign country): Indiana | |
| (b) Full maiden name of applicant's mother: Linda Lucille Lucas Residence of mother (if deceased, so state): Indiana Birthplace of mother (State or foreign country): Indiana | | (b) Full maiden name of applicant's mother: Ellen Louise Fuller Residence of mother (if deceased, so state): Indiana Birthplace of mother (State or foreign country): Indiana | |
| ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant: Hubert Walker Belden III Date 10-5-90 | | ACKNOWLEDGMENT I acknowledge that I have received information regarding 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: Joni D. Belden Date 10-5-90 | |
| 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 HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct. Signed: Hubert Walker Belden III New Address: Same Subscribed and sworn to before me this 5th day of Oct, 1990 Connie Lawson Clerk of the HENDRICKS Circuit Court | | State of Indiana) County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct. Signed: Joni D. Belden New Address: Same Subscribed and sworn to before me this 5th day of Oct, 1990 Connie Lawson Clerk of the HENDRICKS Circuit Court | |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana) County of HENDRICKS) ss: Signed: _____ Father Signed: _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ Clerk | | CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana) County of HENDRICKS) ss: Signed: _____ Father Signed: _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ Clerk | |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 HUBERT WALKER BELDEN III and JONI DENISE BELDEN.

I further certify that the following marriage certificate was filed in my office:

I, DANNY VAUGHN (name), certify that on 10-6-90 (date), at INDIANAPOLIS in MARION County, Indiana, HUBERT WALKER BELDEN III of HENDRICKS County, IN (state), and JONI DENISE BELDEN of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-6-90.

Signed by: /s/ DANNY VAUGHN JUDGE PRO TEM (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-10-90 (date).

Signed: Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 581

File

10-5-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-12-90
Name of Physician R. Fox

| MALE APPLICANT | |
|---|--|
| Name | Steven Douglas Schnurpel |
| Date of Birth | July 14, 1963 |
| Place of Birth (State or foreign country) | France |
| Residence Address | 1645 E. Main, Apt. 6, Ellettsville, Ind. |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children: | Austin Douglas 7 yrs, Matthew George 3 yrs. |
| 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 | Charles Bernard Schnurpel |
| Residence of father (if deceased, so state) | Indiana |
| Birthplace of father (State or foreign country) | Illinois |
| (b) Full maiden name of applicant's mother | Elna Daisy Adams |
| Residence of mother (if deceased, so state) | Indiana |
| Birthplace of mother (State or foreign country) | Indiana |

| FEMALE APPLICANT | |
|--|--|
| Name | Diana Lynn Minneman |
| Date of Birth | January 20, 1959 |
| Place of Birth (State or foreign country) | Indiana |
| Residence Address | 1645 E. Main, Apt. 6, Ellettsville, Ind. |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children: | Christina Lynn 23 mo, Harrieman 18 yrs, Jordan Nicole Minneman |
| 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 | Dutton Carroll Minneman |
| Residence of father (if deceased, so state) | Indiana |
| Birthplace of father (State or foreign country) | Indiana |
| (b) Full maiden name of applicant's mother | Dona Louisa Jones |
| Residence of mother (if deceased, so state) | Indiana |
| Birthplace of mother (State or foreign country) | Indiana |

| ACKNOWLEDGMENT | |
|--|----------------------|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | Steve Schnurpel |
| Date | 10-5-90 |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court | |
| Date | |
| State of Indiana | HENDRICKS |
| County of | HENDRICKS |
| Signed | Steve Schnurpel |
| New Address | same |
| Subscribed and sworn to before me this | 5th day of Oct, 1990 |
| Clerk of the | HENDRICKS |
| Circuit Court | |

| ACKNOWLEDGMENT | |
|--|----------------------|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | Diana Lynn Minneman |
| Date | 10-5-90 |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court | |
| Date | |
| State of Indiana | HENDRICKS |
| County of | HENDRICKS |
| Signed | Diana Lynn Minneman |
| New Address | same |
| Subscribed and sworn to before me this | 5th day of Oct, 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 |
| County of | HENDRICKS |
| Signed | |
| Signed | |
| Subscribed and sworn to before me this | day of , 19 |
| Clerk | |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|---|-------------|
| We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary. | |
| State of Indiana | HENDRICKS |
| County of | HENDRICKS |
| Signed | |
| Signed | |
| Subscribed and sworn to before me this | day of , 19 |
| Clerk | |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 STEVEN DOUGLAS SCHNURPEL and DIANA LYNN MINNEMAN.

I further certify that the following marriage certificate was filed in my office:

I, NEIL M. NORHEIM (name), certify that on 10-27-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, STEVEN DOUGLAS SCHNURPEL of HENDRICKS County, IN (state), and DIANA LYNN MINNEMAN of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-27-90.

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 Bonnie Dawson 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

No. 582

File

10-2-90
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 9-17-90
Name of Physician Joe

| MALE APPLICANT | FEMALE APPLICANT |
|---|---|
| Name <u>Kevin Eugene Norman</u> | Name <u>Tabitha Ann Horn</u> |
| Date of Birth <u>10</u> Month <u>6</u> Day <u>69</u> Year | Date of Birth <u>Jan</u> Month <u>4</u> Day <u>72</u> Year |
| Place of Birth (State or foreign country) <u>Indiana</u> | Place of Birth (State or foreign country) <u>Indiana</u> |
| Residence Address <u>4615 Whispering Willows Indpls 46224</u> | Residence Address <u>4469 Main Rd Corydon In</u> |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. <u>None</u> | 5. List the full names of any dependent children. <u>None</u> |
| 6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | (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 <u>Herbert Eugene Norman</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> | 7. (a) Full name of applicant's father <u>Elmer E. Horn</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> |
| (b) Full maiden name of applicant's mother <u>Oprie Marie Dresham</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Tennessee</u> | (b) Full maiden name of applicant's mother <u>Molly L. Sipe</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u> |
| 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 <u>Kevin E. Norman</u> Date <u>10-5-90</u> | I acknowledge that I have received information regarding 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 <u>Tabitha Ann Horn</u> Date <u>10-5-90</u> |
| The 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Kevin E. Norman</u> New Address _____ Subscribed and sworn to before me this _____ day of _____, 19____ Clerk of the <u>HENDRICKS</u> Circuit Court | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Tabitha Ann Horn</u> New Address _____ Subscribed and sworn to before me this _____ day of _____, 19____ Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: County of <u>HENDRICKS</u>) Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ Clerk _____ | We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) ss: County of <u>HENDRICKS</u>) Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ Clerk _____ |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-2-90, authorizing the marriage of KEVIN E. NORMAN and TABITHA A. HORN.

I further certify that the following marriage certificate was filed in my office:
I, NONNIE HANCOCK (name), certify that on 10-7-90 (date), at GREENWOOD in JOHNSON County, Indiana, KEVIN E. NORMAN of MORGAN County, IN (state), and TABITHA A. HORN of MORGAN County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-9-90.
Signed by: /s/ NONNIE HANCOCK, MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 10-9-90 (date).

Signed Nonnie Hancock Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

583

File

10-5-90

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female

Medical Examination or Report Dated

10/2/90

Name of Physician

Robert H. Quella, M.D.

MALE APPLICANT

Name Michael Thomas Miller
Date of Birth November 14, 1961
Place of Birth (State or foreign country) Illinois
Residence Address P.O. Box 439, Pittsboro, IN 46167
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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. No

- 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 Thomas Leroy Miller
Residence of father (if deceased, so state) Illinois
Birthplace of father (State or foreign country) Illinois
 - Full maiden name of applicant's mother Vera Juanita Sweetney
Residence of mother (if deceased, so state) Illinois
Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name Shannon Adele Love
Date of Birth July 18, 1965
Place of Birth (State or foreign country) Hendricks County, Indiana
Residence Address P.O. Box 158, Pittsboro, IN 46167
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children. No

- 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 Thomas Hooper Love
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Tennessee
 - Full maiden name of applicant's mother Janet Evelyn Brynes
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Michael T. Miller Date 10-5-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Michael T. Miller

New Address Same

Subscribed and sworn to before me this 5th day of Oct., 1990
Corrie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Shannon A. Love Date 10/5/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Shannon A. Love

New Address P.O. Box 439, Pittsboro, IN 46167

Subscribed and sworn to before me this 5th day of Oct., 1990
Corrie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 MICHAEL THOMAS MILLER and SHANNON ADELE LOVE.

I further certify that the following marriage certificate was filed in my office:

I, DAVE KOVALOW ST. JOHN (name), certify that on 10-20-90 (date), at 6:30 p.m. in HENDRICKS County, Indiana, MICHAEL THOMAS MILLER of HENDRICKS County, IN (state), and SHANNON ADELE LOVE of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-20-90.

Signed by: /s/ DAVE KOVALOW ST. JOHN MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-23-90 (date).

Signed Corrie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

493
No. 584
File _____
Date of Application 10-5-90

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 J. Appleton Smith

| MALE APPLICANT | FEMALE APPLICANT |
|--|---|
| Name <u>Terry</u> First <u>Lee</u> Middle <u>Tippin</u> Last | Name <u>Leah</u> First <u>Ann</u> Middle <u>Ratcliff</u> Last |
| Date of Birth _____ Month _____ Day <u>10</u> Year <u>56</u> | Date of Birth _____ Month _____ Day <u>5</u> Year <u>55</u> |
| Place of Birth (State or foreign country) <u>IN</u> | Place of Birth (State or foreign country) <u>IN</u> |
| Residence Address <u>875 W. Pennwood Dr. P.O.</u> Street or R.R. _____ City _____ County _____ State _____ | Residence Address <u>Same</u> Street or R.R. _____ City _____ County _____ State _____ |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. file</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. file</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. <u>Melissa, Kristin, Tiffany</u> | 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) _____ | 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 <u>Ernest Lee Tippin</u> Residence of father (if deceased, so state) <u>Bourbon Ind.</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Margaret Marie Martin</u> Residence of mother (if deceased, so state) <u>Bloomington IN</u> Birthplace of mother (State or foreign country) <u>IN</u> | 7. (a) Full name of applicant's father <u>Russell Elmer Ratcliff</u> Residence of father (if deceased, so state) <u>Ind. Ind.</u> Birthplace of father (State or foreign country) <u>OH</u> (b) Full maiden name of applicant's mother <u>Charity Marie Pyle</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IN</u> |

| 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 <u>Terry Tippin</u> Date <u>10/5/90</u> | I acknowledge that I have received information regarding 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 <u>Leah Ratcliff</u> Date <u>10/5/90</u> |
| The 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Terry Tippin</u> New Address _____ Subscribed and sworn to before me this <u>5</u> day of <u>Oct.</u> , 19 <u>90</u> <u>Connie Spurgeon</u> Clerk of the <u>HENDRICKS</u> Circuit Court | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Leah Ratcliff</u> New Address _____ Subscribed and sworn to before me this <u>5</u> day of <u>Oct.</u> , 19 <u>90</u> <u>Connie Spurgeon</u> Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 TERRY LEE TIPPIN and LEAH ANN RATCLIFF.

I further certify that the following marriage certificate was filed in my office:

I, JOHN KESSINGER (name), certify that on 10-25-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, TERRY LEE TIPPIN of HENDRICKS County, IN (state), and LEAH ANN RATCLIFF of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-25-90.

Signed by: /s/ JOHN KESSINGER, MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-29-90 (date).

Signed Connie Spurgeon Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

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 circuit court 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 James Baker

MALE APPLICANT

Name First John Middle Bryan Last Magnabosco
Date of Birth Month May Day 17 Year 1971
Place of Birth (State or foreign country) Indianapolis, In. Marion Co.
Residence Address Street or R.R. City County State
250 N. East St #203, Plainfield, In. 46168
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 ☐
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. No

- 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 Mark Wayne Magnabosco
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
 - Full maiden name of applicant's mother Rose Darlene Shillington
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Donna Middle Marie Last Kersey
Date of Birth Month August Day 25 Year 1971
Place of Birth (State or foreign country) Indianapolis, In. Marion Co.
Residence Address Street or R.R. City County State
39 Plainview Dr, Danville, In. 46132
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? No ☒ Yes ☐
- List the full names of any dependent children. No

- 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 David Ray Kersey
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
 - Full maiden name of applicant's mother Hella Elizabeth Williamson
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant John Magnabosco 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 _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.Signed John Magnabosco
New Address 250 N. East St #203 Plainfield IN 46168Subscribed and sworn to before me this 6th day of Oct, 1990
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:Signed _____ Father
Signed _____ MotherSubscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Donna Kersey 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 _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.Signed Donna Kersey
New Address 250 N. East Street #203 Plainfield IN 46168Subscribed and sworn to before me this 6th day of Oct, 1990
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:Signed _____ Father
Signed _____ MotherSubscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-6-90, authorizing the marriage of JOHN BRYAN MAGNABOSCO and DONNA MARIE KERSEY.

I further certify that the following marriage certificate was filed in my office:

I, S. V. STILES (name), certify that on 10-27-90 (date), at DANVILLE in HENDRICKS County, Indiana, JOHN BRYAN MAGNABOSCO of HENDRICKS County, IN (state), and DONNA MARIE KERSEY of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-30-90.

Signed by: /s/ S. V. STILES PASTOR (official designation)Filed and recorded in accordance with the laws of the State of Indiana on 10-30-90 (date).Signed Connie Dawson ClerkHENDRICKS Circuit Court

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 586

File

10-9-90
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 10-4-90

Name of Physician Dr. Oliver

MALE APPLICANT

Name Brian First Earl Middle Newgent Last
Date of Birth August Month 6 Day 19 Year 1970
Place of Birth (State or foreign country) Indiana
Residence Address 2325 Morris Dr. Street or R.R. Smiths City Hendricks County Ind State Ind
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. Chloe Joann 2 1/2 mo.

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 Thomas George Newgent
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Rebecca Coleman
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 10-9-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS)

Signed [Signature]
New Address SAME

Subscribed and sworn to before me this 10 day of Oct, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana _____) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Kathryn First Kristine Middle Kutz Last
Date of Birth February Month 24 Day 19 Year 1972
Place of Birth (State or foreign country) Indiana
Residence Address 2325 Morris Dr. Street or R.R. Smiths City Hendricks County Ind State Ind
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 ☐
5. List the full names of any dependent children. Chloe Joann 2 1/2 mo.

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 Harry Dale Kutz
Residence of father (if deceased, so state) Arizona
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Reba Darl Catron
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) West Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [Signature] Date 10-9-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS)

Signed [Signature]
New Address SAME

Subscribed and sworn to before me this 10 day of Oct, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana _____) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-9-90, authorizing the marriage of BRIAN EARL NEWGENT and KATHRYN KRISTINE KUTZ.

I further certify that the following marriage certificate was filed in my office:

I, RICHARD C. EVERTS (name), certify that on 10-13-90 (date), at INDIANAPOLIS in MARION County, Indiana, BRIAN EARL NEWGENT of HENDRICKS County, IN (state), and KATHRYN KRISTINE KUTZ of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-13-90.

Signed by: /s/ RICHARD C. EVERTS MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-17-90 (date).

Signed [Signature] Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 587

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 9-19-90
Name of Physician D. Hadley M.D.

| MALE APPLICANT | |
|---|--|
| Name | Philip Edward Hynds |
| Date of Birth | Month 4 Day 6 Year 65 |
| Place of Birth (State or foreign country) | Indianapolis, In. |
| Residence Address | R.R. # 2 Box 84 Greencastle, In. |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Driver's Lic. |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | Carl Alvin Hynds, Jr. |
| Residence of father (if deceased, so state) | Indianapolis, In. |
| Birthplace of father (State or foreign country) | Indiana |
| (b) Full maiden name of applicant's mother | Claine Sporne Transon |
| Residence of mother (if deceased, so state) | Indianapolis, In. |
| Birthplace of mother (State or foreign country) | Indiana |

| FEMALE APPLICANT | |
|--|--|
| Name | Ann Marie Warner |
| Date of Birth | Month 10 Day 6 Year 65 |
| Place of Birth (State or foreign country) | Indianapolis, In. |
| Residence Address | 1809 Black Oak Dr. Plainfield, In. |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Driver's Lic. |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | John Michael Warner |
| Residence of father (if deceased, so state) | Indianapolis, In. |
| Birthplace of father (State or foreign country) | Indiana |
| (b) Full maiden name of applicant's mother | Charleen Marie Penningroth |
| Residence of mother (if deceased, so state) | Indianapolis, In. |
| Birthplace of mother (State or foreign country) | Iowa |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | Philip E. Hynds Date 10-10-90 |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court | |
| State of Indiana | HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | |
| Signed | Philip E. Hynds |
| New Address | 1809 Black Oak Dr. Plainfield, In. |
| Subscribed and sworn to before me this | 10 th day of Oct, 1990 |
| Clerk of the | HENDRICKS Circuit Court |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | Ann Marie Warner Date 10-10-90 |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court | |
| State of Indiana | HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | |
| Signed | Ann Marie Warner |
| New Address | 1809 Black Oak Dr. Plainfield |
| Subscribed and sworn to before me this | 10 th day of Oct, 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 | |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|-----------------|
| We, the parents of this applicant, hereby give 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 | |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 PHILIP EDWARD HYNDS and ANN MARIE WARNER.

I further certify that the following marriage certificate was filed in my office:

I, ROBERT L. WILLIAMS (name), certify that on 10-20-90 (date), at ST. PATRICK CATHOLIC CHURCH, HOWARD County, Indiana, PHILIP EDWARD HYNDS of HENDRICKS County, IN (state), and ANN MARIE WARNER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-20-90.

Signed by: /s/ ROBERT L. WILLIAMS, PRIEST (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-23-90 (date).

Signed _____ Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 588

File _____

Date of Application 10-10-90

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 David B. Haggard

| MALE APPLICANT | | FEMALE APPLICANT | |
|--|--|--|---|
| Name | First <u>Joseph</u> Middle <u>Brian</u> Last <u>O'Neill</u> | Name | First <u>Kandi</u> Middle <u>Lou</u> Last <u>Whitaker</u> |
| Date of Birth | Month <u>9</u> Day <u>24</u> Year <u>70</u> | Date of Birth | Month <u>11</u> Day <u>18</u> Year <u>69</u> |
| Place of Birth (State or foreign country) | <u>S. Dakota</u> | Place of Birth (State or foreign country) | <u>IN</u> |
| Residence Address | Street or R.R. <u>None</u> City <u>None</u> County <u>None</u> State <u>None</u> | Residence Address | Street or R.R. <u>2549 E. Township Ave. Rd. 1</u> City <u>None</u> County <u>None</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> | If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>Stephanie Renee</u> <u>Stephanie Nicole</u> | 5. List the full names of any dependent children. | <u>None</u> |
| 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 father | <u>Joseph James O'Neill</u> | 7. (a) Full name of applicant's father | <u>George Leslie Whitaker</u> |
| Residence of father (if deceased, so state) | <u>Indpls. IN</u> | Residence of father (if deceased, so state) | <u>Indpls. IN</u> |
| Birthplace of father (State or foreign country) | <u>IN</u> | Birthplace of father (State or foreign country) | <u>IN</u> |
| (b) Full maiden name of applicant's mother | <u>Kimberly Elizabeth Eder</u> | (b) Full maiden name of applicant's mother | <u>Shirley Ann Haggard</u> |
| Residence of mother (if deceased, so state) | <u>Pittsboro IN</u> | Residence of mother (if deceased, so state) | <u>Indpls. IN</u> |
| Birthplace of mother (State or foreign country) | <u>IN</u> | Birthplace of mother (State or foreign country) | <u>IN</u> |
| 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 <u>Joseph B. O'Neill</u> Date <u>10-10-90</u> | | Signature of Applicant <u>Kandi L. Whitaker</u> Date <u>Oct. 10, 1990</u> | |
| 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 _____) ss: 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 in this application is true and correct. | |
| County of <u>HENDRICKS</u>) | | County of <u>HENDRICKS</u>) | |
| Signed <u>Joseph B. O'Neill</u> | | Signed <u>Kandi L. Whitaker</u> | |
| New Address _____ | | New Address _____ | |
| Subscribed and sworn to before me this <u>10</u> day of <u>Oct</u> , 19 <u>90</u> | | Subscribed and sworn to before me this <u>10</u> day of <u>Oct</u> , 19 <u>90</u> | |
| <u>Connie Hanson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | <u>Connie Hanson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: _____ | | State of Indiana <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

I 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 JOSEPH B. O'NEILL and KANDI L. WHITAKER.

I further certify that the following marriage certificate was filed in my office:

I, MICHAEL A. O'NEILL (name), certify that on 10-20-90 (date), at INDIANAPOLIS in MARION County, Indiana, JOSEPH B. O'NEILL of HENDRICKS County, IN (state), and KANDI L. WHITAKER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-20-90.

Signed by: /s/ MICHAEL A. O'NEILL, MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-24-90 (date).

Signed Connie Hanson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 589

File _____

Date of Application
10-10-90

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 10-5-90
Name of Physician Dr. Dreist

MALE APPLICANT

Name Leslie First Thompson Middle Last
Date of Birth Month 8 Day 18 Year 65
Place of Birth (State or foreign country) Singapore
Residence Address Street or R.R. City County State
409 Railroad St. Light, In Apt #2
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Passport

- Are you now 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. _____

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 Arthur - Thompson
Residence of father (if deceased, so state) Perth, Australia
Birthplace of father (State or foreign country) London, England

(b) Full maiden name of applicant's mother Kelly Rene Ho
Residence of mother (if deceased, so state) Perth, Australia
Birthplace of mother (State or foreign country) Malaysia

FEMALE APPLICANT

Name Kelly Rene First Reynolds Middle Last
Date of Birth Month 5 Day 23 Year 69
Place of Birth (State or foreign country) Danville, In.
Residence Address Street or R.R. City County State
409 Railroad St. Light, In Apt #2
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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 father George William Reynolds
Residence of father (if deceased, so state) Lebanon, In.
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Linda Carol Strube
Residence of mother (if deceased, so state) Lebanon, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [Signature] Date 10/10/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed [Signature] New Address SAME

Subscribed and sworn to before me this 10 day of Oct., 19 90
[Signature] Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kelly Reynolds Date 10/10/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Kelly Reynolds New Address SAME

Subscribed and sworn to before me this 10 day of Oct., 19 90
[Signature] Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 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).

Signed [Signature] Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 590
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 _____
Name of Physician Thomas L. Baker, M.D.

| MALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Baker</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>Woody Herman Coffey</u> Residence of father (if deceased, so state) <u>Franklin St.</u> Birthplace of father (State or foreign country) <u>IN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Sue Howell</u> Residence of mother (if deceased, so state) <u>Marshall IN</u> Birthplace of mother (State or foreign country) <u>IN</u> | | | | |

| FEMALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Baker</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>Donald D. Lumpkin</u> Residence of father (if deceased, so state) <u>Burgundy Rd.</u> Birthplace of father (State or foreign country) <u>IN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Bonnie Jo Dinger</u> Residence of mother (if deceased, so state) <u>Indy IN</u> Birthplace of mother (State or foreign country) <u>IN</u> | | | | |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding 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 | <u>X Robert D. Coffey</u> Date <u>10-10-90</u> |
| The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | HENDRICKS) |
| Signed | <u>X Robert D. Coffey</u> |
| New Address | <u>538 Enderly Ave #7</u> |
| Subscribed and sworn to before me this | <u>10th</u> day of <u>Oct</u> , 19 <u>90</u> |
| <u>Charles E. Chestnut</u> | Clerk of the <u>HENDRICKS</u> Circuit Court |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>Angelina A. Lumpkin</u> Date <u>10-10-90</u> |
| The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | HENDRICKS) |
| Signed | <u>Angelina A. Lumpkin</u> |
| New Address | <u>538 Enderly Ave #7</u> |
| Subscribed and sworn to before me this | <u>10th</u> day of <u>Oct</u> , 19 <u>90</u> |
| <u>Charles E. Chestnut</u> | Clerk of the <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--------------|
| We, the parents of this applicant, hereby give 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 | HENDRICKS) |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this _____ day of _____, 19____ | |
| _____ Clerk | |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--------------|
| We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ | |
| State of Indiana HENDRICKS) ss: | |
| County of | HENDRICKS) |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this _____ day of _____, 19____ | |
| _____ Clerk | |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 ROBERT DALE COFFEY and ANGELINA ANNETTE LUMPKIN.

I further certify that the following marriage certificate was filed in my office:
I, CHARLES E. CHESTNUT (name), certify that on 10-20-90 (date), at AVON in HENDRICKS County, Indiana, ROBERT DALE COFFEY of HENDRICKS County, IN (state), and ANGELINA ANNETTE LUMPKIN of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-20-90.

Signed by: /s/ CHARLES E. CHESTNUT PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-22-90 (date).

Signed Charles E. Chestnut Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 591

File _____

Date of Application 10-11-90

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 10-3-90
Name of Physician B. Hamrick, M.D.

MALE APPLICANT

Name James Gordon Ray
Date of Birth Month 4 Day 29 Year 63
Place of Birth (State or foreign country) Indpls., In.
Residence Address 415 N. Moreland St. Indpls., In.
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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. _____

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 Salvatore Ray
Residence of father (if deceased, so state) Indpls., In.
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Carol Ann Gordon
Residence of mother (if deceased, so state) Indpls., In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Amanda Dawn Hensley
Date of Birth Month 12 Day 2 Year 70
Place of Birth (State or foreign country) Wanville, In.
Residence Address 195 S. Rd 450 E. Wanville, In.
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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 father Paul Eugene Hensley
Residence of father (if deceased, so state) Wanville, In.
Birthplace of father (State or foreign country) Indiana, Illinois

(b) Full maiden name of applicant's mother Jay Ann Cudworth
Residence of mother (if deceased, so state) Wanville, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant James G. Ray Date 10/11/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed James G. Ray

New Address Same

Subscribed and sworn to before me this 11 day of Oct, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Amanda Hensley Date 10-11-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Amanda Hensley

New Address 415 N. Moreland Indpls. Ind.

Subscribed and sworn to before me this 11 day of October, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-11-90, authorizing the marriage of JAMES GORDON RAY and

AMANDA DAWN HENSLEY

I further certify that the following marriage certificate was filed in my office:

I, JOHN T. RYAN (name), certify that on 10-20-90 (date), at INDIANAPOLIS in MARION County, Indiana, JAMES GORDON RAY of MARION County, IN (state), and AMANDA DAWN HENSLEY of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-20-90

Signed by: /s/ JOHN T. RYAN, CATHOLIC PRIEST (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-23-90 (date).

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 592
File _____
Date of Application 10-11-90

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 9-29-90
Name of Physician Michael E. Pizzato

| MALE APPLICANT | | FEMALE APPLICANT | |
|---|---|------------------|--|
| Name <u>Daniel</u> First <u>Dean</u> Middle <u>Walters</u> Last | Name <u>Tammy Lynn</u> First <u>Thompson</u> Middle <u>Thompson</u> Last | | |
| Date of Birth <u>May</u> Month <u>17</u> Day <u>19</u> Year <u>1966</u> | Date of Birth <u>September</u> Month <u>27</u> Day <u>19</u> Year <u>1959</u> | | |
| Place of Birth (State or foreign country) <u>Marion County, Indiana</u> | Place of Birth (State or foreign country) <u>Marion County, Indiana</u> | | |
| Residence Address <u>110 E. Franklin St., Edinburg, Brown County, Indiana 46112</u> | Residence Address <u>531 S. Green St., Brown County, Indiana 46112</u> | | |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | |
| 4. Are you now under the influence of a narcotic drug? No <input type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | |
| 5. List the full names of any dependent children <u>None</u> | 5. List the full names of any dependent children <u>None</u> | | |
| 6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | (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 <u>Gerald Dean Walters</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> | 7. (a) Full name of applicant's father <u>John Robert Thompson</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> | | |
| (b) Full maiden name of applicant's mother <u>Betty Jo Stockwell</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u> | (b) Full maiden name of applicant's mother <u>Donna Gene Cox</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u> | | |
| ACKNOWLEDGMENT | | | |
| I acknowledge that I have received information regarding 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 <u>X Daniel D. Walters</u> Date <u>10-11-90</u> | | | |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | | | |
| Clerk of Court _____ Date _____ | | | |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | | | |
| Signed <u>X Daniel D. Walters</u> | | | |
| New Address <u>X 110 E. Franklin St.</u> | | | |
| Subscribed and sworn to before me this _____ day of _____, 19____ | | | |
| Clerk of the <u>HENDRICKS</u> Circuit Court | | | |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN | | | |
| We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ | | | |
| State of Indiana <u>HENDRICKS</u>) ss: | | | |
| Signed _____ Father | | | |
| Signed _____ Mother | | | |
| Subscribed and sworn to before me this _____ day of _____, 19____ | | | |
| Clerk | | | |
| ACKNOWLEDGMENT | | | |
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | | | |
| Signature of Applicant <u>X Tammy L. Thompson</u> Date <u>10-11-90</u> | | | |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | | | |
| Clerk of Court _____ Date _____ | | | |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | | | |
| Signed <u>X Tammy L. Thompson</u> | | | |
| New Address <u>X 110 E. Franklin</u> | | | |
| Subscribed and sworn to before me this _____ day of _____, 19____ | | | |
| Clerk of the <u>HENDRICKS</u> Circuit Court | | | |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN | | | |
| We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ | | | |
| State of Indiana <u>HENDRICKS</u>) ss: | | | |
| Signed _____ Father | | | |
| Signed _____ Mother | | | |
| Subscribed and sworn to before me this _____ day of _____, 19____ | | | |
| Clerk | | | |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-11-90, authorizing the marriage of DANIEL DEAN WALTERS and TAMMY LYNN THOMPSON.

I further certify that the following marriage certificate was filed in my office:

I, STEVEN T. REEVES (name), certify that on 10-13-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, DANIEL DEAN WALTERS of HENDRICKS County, IN (state), and TAMMY LYNN THOMPSON of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-11-90.

Signed by: /s/ STEVEN T. REEVES, PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-17-90 (date).

Signed Tammy Thompson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 593

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 Mary F. Hinkle

MALE APPLICANT

Name First Middle Last
James E. Anderson
Date of Birth Month Day Year
8 21 71
Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State
505 E. Main Spencetown
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 ☐
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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father Don E. Anderson
Residence of father (if deceased, so state) Springfield, IN
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Esther Minton
Residence of mother (if deceased, so state) Spencetown, IN
Birthplace of mother (State or foreign country) KY

FEMALE APPLICANT

Name First Middle Last
Paula M. Morgan
Date of Birth Month Day Year
8 15 70
Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State
RR. 1 P.O. Box 244 Spencetown IN
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? No ☒ Yes ☐
- List the full names of any dependent children. Anthony Brown

- (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)
- (a) Full name of applicant's father Fred Morgan
Residence of father (if deceased, so state) Indiana IN
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Rosemary Deenofe
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant James Anderson Date

The above applicant has 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 James Anderson

New Address

Subscribed and sworn to before me this 15 day of Oct, 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)
County of HENDRICKS) ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Paula M. Morgan Date

The above applicant has 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 Paula M. Morgan

New Address

Subscribed and sworn to before me this 15 day of Oct, 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)
County of HENDRICKS) ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-15-90, authorizing the marriage of JAMES E. ANDERSON and

PAULA M. MORGAN.

I further certify that the following marriage certificate was filed in my office:

I, JAMES A. KILGORE (name), certify that on 10-20-90 (date), at 6:30 p.m. in HENDRICKS County, Indiana, JAMES E. ANDERSON of BOONE County, IN (state), and PAULA M. MORGAN of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 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 Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 594

File _____

HENDRICKS CountyDate of Application 10-15-90

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 10-9-90
Name of Physician David Haggard

| MALE APPLICANT | FEMALE APPLICANT |
|--|---|
| <p>Name <u>Daniel</u> First <u>David</u> Middle <u>Jinks</u> Last</p> <p>Date of Birth <u>April</u> Month <u>1</u> Day <u>1964</u> Year</p> <p>Place of Birth (State or foreign country) <u>Indpls. Marion County, In.</u></p> <p>Residence Address <u>132 S. Ka. 450 E.,</u> Street or R.R. <u>450 E.,</u> City <u>Marionville,</u> County <u>In.</u> State</p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Driver's License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children: <u>Danielle Elizabeth Jinks</u></p> <p>6. (a) Full name of father of dependent children <u>Blaine David Jinks</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of mother of dependent children <u>Shirley Elizabeth Quattle</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p> <p>7. (a) Full name of applicant's father <u>Robert Eugene Jinks, Jr.</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Betty Jane Shoemaker</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p> | <p>Name <u>Peggy</u> First <u>Sue</u> Middle <u>Beasley</u> Last</p> <p>Date of Birth <u>May</u> Month <u>11</u> Day <u>1969</u> Year</p> <p>Place of Birth (State or foreign country) <u>Marionville, Hendricks Co., In.</u></p> <p>Residence Address <u>132 S. Ka. 450 E.,</u> Street or R.R. <u>450 E.,</u> City <u>Marionville,</u> County <u>In.</u> State</p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Driver's License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children: _____</p> <p>6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (State or foreign country) _____</p> <p>(b) Full maiden name of mother of dependent children _____ Residence of mother (if deceased, so state) _____ Birthplace of mother (State or foreign country) _____</p> <p>7. (a) Full name of applicant's father <u>Charles Dean Beasley</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Carolyn Edith Ridener</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p> |
| ACKNOWLEDGMENT | ACKNOWLEDGMENT |
| <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Daniel Jinks</u> Date <u>10-15-90</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date <u>10-15-90</u></p> <p>State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>Daniel Jinks</u></p> <p>New Address <u>Same</u></p> <p>Subscribed and sworn to before me this <u>15th</u> day of <u>Oct</u>, 19 <u>90</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> | <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Peggy Beasley</u> Date <u>10-15-90</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>Peggy Beasley</u></p> <p>New Address <u>Same</u></p> <p>Subscribed and sworn to before me this <u>15th</u> day of <u>Oct</u>, 19 <u>90</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN | CONSENT OF PARENTS, PARENT, OR GUARDIAN |
| <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss:</p> <p>Signed _____ Father</p> <p>Signed _____ Mother</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk</p> | <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss:</p> <p>Signed _____ Father</p> <p>Signed _____ Mother</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk</p> |
| <p>COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the <u>Hendricks</u> County _____ Court, by written order issued <u>10-15-90</u> and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.</p> | |

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-15-90, authorizing the marriage of DANIEL DAVID JINKS and PEGGY SUE BEASLEY.

I further certify that the following marriage certificate was filed in my office:

I, C. GLEN BURNSIDE (name), certify that on 10-20-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, DANIEL DAVID JINKS of HENDRICKS County, IN (state), and PEGGY SUE BEASLEY of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-20-90.

Signed by: /s/ C. GLEN BURNSIDE MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-25-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 595

File _____

HENDRICKS County10-15-90
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 1-16-80
Name of Physician Michael Neely, M.D.

MALE APPLICANT

Name Thomas Charles Harris
Date of Birth March 18, 1959
Place of Birth (State or foreign country) Simple, Marion Co., Indiana
Residence Address 103 W. St., North Salem, In. 46165
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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. No

- (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) _____
- (a) Full name of applicant's father Charles Harris
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Brocky, Aileen Putnam
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Laura Lynn Johnston
Date of Birth December 9, 1961
Place of Birth (State or foreign country) Simple, Marion Co., In.
Residence Address 103 W. St., North Salem, 46165
Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children. Donald Gregory Johnston, Jr. & Matthew Michael Johnston

- (a) Full name of father of dependent children Donald Gregory Johnston, Sr.
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of mother of dependent children Laura Lynn Stewart
Residence of mother (if deceased, so state) In.
Birthplace of mother (State or foreign country) In.
- (a) Full name of applicant's father William Morton Stewart
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Nancy Kay Kaiser
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Thomas C. Harris Date 10-15-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Thomas C. Harris
New Address Same

Subscribed and sworn to before me this 15th day of October, 19 90
Corrie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Laura Lynn Johnston Date 10-15-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Laura Lynn Johnston
New Address Same

Subscribed and sworn to before me this 15th day of Oct., 19 90
Corrie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-15-90, authorizing the marriage of THOMAS CHARLES HARRIS and LAURA LYNN JOHNSTON.

I further certify that the following marriage certificate was filed in my office:

I, ROLAN D. PHILLIP JR. (name), certify that on 10-20-90 (date), at NORTH SALEM in HENDRICKS County, Indiana, THOMAS CHARLES HARRIS of HENDRICKS County, IN (state), and LAURA LYNN JOHNSTON of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-23-90.

Signed by: /s/ ROLAN D. PHILLIP JR. MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-23-90 (date).

Signed Corrie Lawson 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

No. 596

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 10-12-90
Name of Physician Dr. Wright

| MALE APPLICANT | FEMALE APPLICANT |
|--|---|
| <p>Name <u>Larry</u> First <u>D.</u> Middle <u>Bryant</u> Last</p> <p>Date of Birth <u>9</u> Month <u>30</u> Day <u>1946</u> Year</p> <p>Place of Birth (State or foreign country) <u>Indianapolis, Indiana</u></p> <p>Residence Address <u>4379 W. 400 S.</u> Street or R.R. <u>Danville, Ind.</u> City <u>Danville</u> County <u>Danville</u> State</p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>University</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Jeanette Bryant</u></p> <p>6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (State or foreign country) _____</p> <p>(b) Full maiden name of mother of dependent children _____ Residence of mother (if deceased, so state) _____ Birthplace of mother (State or foreign country) _____</p> <p>7. (a) Full name of applicant's father <u>Clifford G. Bryant</u> Residence of father (if deceased, so state) <u>Danville, Ind.</u> Birthplace of father (State or foreign country) <u>Muskegon, Ind.</u></p> <p>(b) Full maiden name of applicant's mother <u>Paula Phunds</u> Residence of mother (if deceased, so state) <u>Danville, Ind.</u> Birthplace of mother (State or foreign country) <u>Clayton, Ind.</u></p> | <p>Name <u>Jeanne K.</u> First <u>Hutchison</u> Middle <u>Hutchison</u> Last</p> <p>Date of Birth <u>17</u> Month <u>1947</u> Day <u>1947</u> Year</p> <p>Place of Birth (State or foreign country) <u>Brazil, Indiana</u></p> <p>Residence Address <u>4379 W. 400 S.</u> Street or R.R. <u>Danville, Ind.</u> City <u>Danville</u> County <u>Danville</u> State</p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>University</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (State or foreign country) _____</p> <p>(b) Full maiden name of mother of dependent children _____ Residence of mother (if deceased, so state) _____ Birthplace of mother (State or foreign country) _____</p> <p>7. (a) Full name of applicant's father <u>Edward J. Blair</u> Residence of father (if deceased, so state) <u>Cory, Ind.</u> Birthplace of father (State or foreign country) <u>Brazil, Ind.</u></p> <p>(b) Full maiden name of applicant's mother <u>Virginia N. Short</u> Residence of mother (if deceased, so state) <u>Cory, Ind.</u> Birthplace of mother (State or foreign country) <u>Brazil, Ind.</u></p> |
| ACKNOWLEDGMENT | ACKNOWLEDGMENT |
| <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>X Signature of Applicant <u>Larry D. Bryant</u> Date <u>10-15-90</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>X Signed <u>Larry D. Bryant</u></p> <p>New Address _____</p> <p>Subscribed and sworn to before me this <u>15</u> day of <u>Oct</u>, 19 <u>90</u></p> <p><u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> | <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>X Signature of Applicant <u>Jeanne K. Hutchison</u> Date <u>10-15-90</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>X Signed <u>Jeanne K. Hutchison</u></p> <p>New Address <u>4379 W. 400 S., Danville, Ind.</u></p> <p>Subscribed and sworn to before me this <u>15</u> day of <u>Oct</u>, 19 <u>90</u></p> <p><u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN | CONSENT OF PARENTS, PARENT, OR GUARDIAN |
| <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: _____</p> <p>Signed _____ Father</p> <p>Signed _____ Mother</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____</p> <p>_____ Clerk</p> | <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: _____</p> <p>Signed _____ Father</p> <p>Signed _____ Mother</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____</p> <p>_____ Clerk</p> |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-15-90, authorizing the marriage of LARRY D. BRYANT and JEANNE K. HUTCHISON.

I further certify that the following marriage certificate was filed in my office:

I, JOHN H. HESSELDENZ (name), certify that on 10-20-90 (date), at INDIANAPOLIS in MARION County, Indiana, LARRY D. BRYANT of HENDRICKS County, IN (state), and JEANNE HUTCHISON of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-20-90.

Signed by: /s/ JOHN H. HESSELDENZ, JUDGE MARION CO. (official designation)
SMALL CLAIMS COURT

Filed and recorded in accordance with the laws of the State of Indiana on 10-23-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 597

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 10-11-90
Name of Physician Patrick H. Foley, M.D.

| MALE APPLICANT | |
|---|---|
| Name | <u>Ross</u> First <u>Othaniel</u> Middle <u>Holloway</u> Last |
| Date of Birth | <u>June</u> Month <u>20</u> Day <u>1952</u> Year |
| Place of Birth (State or foreign country) | <u>Deer Creek Co. Indiana</u> |
| Residence Address | <u>1335 B N. Point Dr. Muncie 46158</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Driver's License</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>No</u> |
| 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 | <u>Alvin Harold Holloway</u> |
| Residence of father (if deceased, so state) | <u>Indiana</u> |
| Birthplace of father (State or foreign country) | <u>Indiana</u> |
| (b) Full maiden name of applicant's mother | <u>Vera Bell Floyd</u> |
| Residence of mother (if deceased, so state) | <u>Ind.</u> |
| Birthplace of mother (State or foreign country) | <u>Indiana</u> |

| FEMALE APPLICANT | |
|--|---|
| Name | <u>Patricia</u> First <u>Kay</u> Middle <u>Larrison</u> Last |
| Date of Birth | <u>April</u> Month <u>23</u> Day <u>1941</u> Year |
| Place of Birth (State or foreign country) | <u>Indianapolis Marion Co. Ind.</u> |
| Residence Address | <u>5790 E. 160 N. Muncie 46132</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Driver's License</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>No</u> |
| 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 | <u>James Russell Sells</u> |
| Residence of father (if deceased, so state) | <u>Ind.</u> |
| Birthplace of father (State or foreign country) | <u>Indiana</u> |
| (b) Full maiden name of applicant's mother | <u>Margie Fern Davis</u> |
| Residence of mother (if deceased, so state) | <u>Indiana</u> |
| Birthplace of mother (State or foreign country) | <u>Indiana</u> |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 [Signature] Date 10/15/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address Same
Subscribed and sworn to before me this 15th day of October, 1990
Connie Gausson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby 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
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Patricia Kay Larrison Date 10-15-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
Signed Patricia K Larrison
New Address 1235 B Northpoint Dr. Muncie 46158
Subscribed and sworn to before me this 15th day of Oct., 1990
Connie Gausson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby 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
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-15-90, authorizing the marriage of ROSS OTHANIEL HOLLOWAY and PATRICIA KAY LARRISON.

I further certify that the following marriage certificate was filed in my office:

I, JOAN GRAY (name), certify that on 10-20-90 (date), at AVON in HENDRICKS County, Indiana, ROSS OTHANIEL HOLLOWAY of MORGAN County, IN (state), and PATRICIA K. LARRISON of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-20-90

Signed by: /s/ JOAN GRAY, MORGAN COUNTY CLERK (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-24-90 (date).

Signed [Signature] Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 598
File _____
Date of Application 10-15-90

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 | |
|---|--|
| Name | First <u>Curtis</u> Middle <u>Lee</u> Last <u>Eaker</u> |
| Date of Birth | Month <u>11</u> Day <u>6</u> Year <u>69</u> |
| Place of Birth (State or foreign country) | <u>Indiana</u> |
| Residence Address | Street or R.R. <u>612 Hanley St.</u> City <u>Plainfield</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>none</u> |
| 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 | <u>Robert M. Eaker</u> |
| Residence of father (if deceased, so state) | <u>Indiana</u> |
| Birthplace of father (State or foreign country) | <u>Indiana</u> |
| (b) Full maiden name of applicant's mother | <u>Frances L. Slagle</u> |
| Residence of mother (if deceased, so state) | <u>Indiana</u> |
| Birthplace of mother (State or foreign country) | <u>Kentucky</u> |

| FEMALE APPLICANT | |
|--|--|
| Name | First <u>Bridget</u> Middle <u>Michele</u> Last <u>Flaherty</u> |
| Date of Birth | Month <u>8</u> Day <u>12</u> Year <u>70</u> |
| Place of Birth (State or foreign country) | <u>Florida</u> |
| Residence Address | Street or R.R. <u>945 E. Pinewood Dr.</u> City <u>Plainfield</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>none</u> |
| 6. (a) Full name of father of dependent children | <u>Darryl Eugene Flaherty</u> |
| Residence of father (if deceased, so state) | <u>Indiana</u> |
| Birthplace of father (State or foreign country) | <u>Indiana</u> |
| (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 | <u>Darryl Eugene Flaherty</u> |
| Residence of father (if deceased, so state) | <u>Indiana</u> |
| Birthplace of father (State or foreign country) | <u>Indiana</u> |
| (b) Full maiden name of applicant's mother | <u>Patricia Mary McElhath</u> |
| Residence of mother (if deceased, so state) | <u>Indiana</u> |
| Birthplace of mother (State or foreign country) | <u>Massachusetts</u> |

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 [Signature] Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [Signature] Date _____

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.

Signed [Signature]

New Address 612 Hanley ST. S.W.

Subscribed and sworn to before me this 15 day of Oct, 19 90

[Signature] Clerk 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 [Signature]

New Address 612 Hanley Street Plainfield IN

Subscribed and sworn to before me this 15 day of Oct, 19 90

[Signature] Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana 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 HENDRICKS) ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-15-90, authorizing the marriage of CURT LEE EAKER and BRIDGET MICHELE FLAHERTY.

I further certify that the following marriage certificate was filed in my office:

I, DAVID J. GIBSON (name), certify that on 10-20-90 (date), at INDIANAPOLIS in MARION County, Indiana, CURT LEE EAKER of MARION County, IN (state), and BRIDGET MICHELE 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 10-15-90.

Signed by: /s/ DAVID J. GIBSON, MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-7-90 (date).

Signed [Signature] Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 599

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 10-10-90
Name of Physician Stephen Deegan

| MALE APPLICANT | |
|---|--|
| Name | First <u>John</u> Middle <u>David</u> Last <u>Trent</u> |
| Date of Birth | Month <u>10</u> Day <u>23</u> Year <u>64</u> |
| Place of Birth (State or foreign country) | <u>Indiana</u> |
| Residence Address | Street or R.R. <u>270 Waver Ave.</u> City <u>Plainfield</u> County <u>IN</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>none</u> |
| 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 | <u>Harold Ope Trent</u> |
| Residence of father (if deceased, so state) | <u>Indiana</u> |
| Birthplace of father (State or foreign country) | <u>Indiana</u> |
| (b) Full maiden name of applicant's mother | <u>Mildred English</u> |
| Residence of mother (if deceased, so state) | <u>Indiana</u> |
| Birthplace of mother (State or foreign country) | <u>Indiana</u> |

| FEMALE APPLICANT | |
|--|--|
| Name | First <u>Tracie</u> Middle <u>Jene</u> Last <u>Babbitt</u> |
| Date of Birth | Month <u>4</u> Day <u>29</u> Year <u>65</u> |
| Place of Birth (State or foreign country) | <u>Oklahoma</u> |
| Residence Address | Street or R.R. <u>270 Waver Ave.</u> City <u>Plainfield</u> County <u>IN</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>none</u> |
| 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 | <u>Robert Russell Babbitt</u> |
| Residence of father (if deceased, so state) | <u>Illinois</u> |
| Birthplace of father (State or foreign country) | <u>California</u> |
| (b) Full maiden name of applicant's mother | <u>Amelia Jean Wear</u> |
| Residence of mother (if deceased, so state) | <u>Illinois</u> |
| Birthplace of mother (State or foreign country) | <u>Indiana</u> |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding 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 | <u>John Trent</u> Date <u>10-15-90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed | <u>John Trent</u> |
| New Address | <u>same</u> |
| Subscribed and sworn to before me this _____ day of _____, 19____ | _____ |
| Clerk of the | <u>HENDRICKS</u> Circuit Court |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>Tracie Jene Babbitt</u> Date <u>10/15/90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed | <u>Tracie J. Babbitt</u> |
| New Address | <u>same</u> |
| Subscribed and sworn to before me this _____ day of _____, 19____ | _____ |
| Clerk of the | <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--------------|
| We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ | |
| State of Indiana <u>HENDRICKS</u>) County of _____) 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 <u>HENDRICKS</u>) County of _____) ss: _____ | |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this _____ day of _____, 19____ | _____ |
| Clerk | _____ |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-15-90, authorizing the marriage of JOHN DAVID TRENT and

TRACIE JENE BABBITT

I further certify that the following marriage certificate was filed in my office:

I, JOHN P. ROOF (name), certify that on 11-3-90 (date), at DANVILLE in HENDRICKS County, Indiana, JOHN DAVID TRENT of HENDRICKS County, IN (state), and TRACIE JENE BABBITT of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-3-90.

Signed by: /s/ JOHN P. ROOF, EPISCOPAL PRIEST (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-7-90 (date).

Signed Loanne Hanson 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

No. 600
File _____
Date of Application _____

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 | | | | |
|---|-------|--------|------|--|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address Street or R.R. City County State | | | | |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Open Lic.</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children. <u>JASON COLE</u> <u>JEREL COLE</u> | | | | |
| 6. (a) Full name of father of dependent children <u>Same as above</u> | | | | |
| Residence of father (if deceased, so state) <u>Same as above</u> | | | | |
| Birthplace of father (State or foreign country) <u>Same as above</u> | | | | |
| (b) Full maiden name of mother of dependent children <u>Wendy Gail Morris</u> | | | | |
| Residence of mother (if deceased, so state) <u>IN</u> | | | | |
| Birthplace of mother (State or foreign country) <u>unknown</u> | | | | |
| 7. (a) Full name of applicant's father <u>John D. Cole</u> | | | | |
| Residence of father (if deceased, so state) <u>37 Plainview Dr. Danville, TN</u> | | | | |
| Birthplace of father (State or foreign country) <u>KY</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Dwan V. Crockett</u> | | | | |
| Residence of mother (if deceased, so state) <u>Same as above</u> | | | | |
| Birthplace of mother (State or foreign country) <u>TN</u> | | | | |

| FEMALE APPLICANT | | | | |
|--|-------|--------|------|--|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address Street or R.R. City County State | | | | |
| Previous Marital Status: Never Married <input type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Open Lic.</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children. <u>N/A</u> | | | | |
| 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 <u>James Curtis Hardwick</u> | | | | |
| Residence of father (if deceased, so state) <u>1016 State Br Rd. Somerset, KY</u> | | | | |
| Birthplace of father (State or foreign country) <u>KY</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Imogene Abbott</u> | | | | |
| Residence of mother (if deceased, so state) <u>1016 State Br Rd. Somerset, KY</u> | | | | |
| Birthplace of mother (State or foreign country) <u>KY</u> | | | | |

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Joel R. Cole Date 10-16-90

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 _____

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Jacklyn Hardwick Date 10-16-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Joel R. Cole

New Address Same as above

Subscribed and sworn to before me this 16th day of October, 1990

Connie Lawton Clerk of the HENDRICKS Circuit Court

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jacklyn Hardwick

New Address 37 Plainview Dr. Danville, TN 46199

Subscribed and sworn to before me this 16th day of October, 1990

Connie Lawton Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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

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 HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-16-90, authorizing the marriage of JOEL R. COLE and JACKLYN HARDWICK.

I further certify that the following marriage certificate was filed in my office:

I, MYRON BARNARD (name), certify that on 11-3-90 (date), at INDIANAPOLIS in MARION County, Indiana, JOEL R. COLE of HENDRICKS County, IN (state), and JACKLYN HARDWICK of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-3-90.

Signed by: /s/ MYRON BARNARD, JUDGE (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-7-90 (date).

Signed Connie Lawton Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 601

File

10-16-90
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 10-15-90
Name of Physician Dr. Haven

| MALE APPLICANT | |
|---|--|
| Name | Clifton First Alan Middle Wharton Last |
| Date of Birth | Sept 27 1941 |
| Place of Birth (State or foreign country) | Ohio |
| Residence Address | 522 East 1st St, Gary, Hendricks, In |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | Wayne Earnest Wharton |
| Residence of father (if deceased, so state) | deceased |
| Birthplace of father (State or foreign country) | |
| (b) Full maiden name of applicant's mother | Paul Naomi Joy |
| Residence of mother (if deceased, so state) | deceased |
| Birthplace of mother (State or foreign country) | |

| FEMALE APPLICANT | |
|--|--|
| Name | Martha First Jane Middle Murrell Last |
| Date of Birth | Feb 14 1931 |
| Place of Birth (State or foreign country) | Kentucky |
| Residence Address | 223 Elm St, Woodside, Morgan, In |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | 19 yrs old, Jason Wayne Murrell |
| 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 | Allen Timothy Whaley |
| Residence of father (if deceased, so state) | Indiana |
| Birthplace of father (State or foreign country) | Kentucky |
| (b) Full maiden name of applicant's mother | Mary Jean Ackerman |
| Residence of mother (if deceased, so state) | Indiana |
| Birthplace of mother (State or foreign country) | Kentucky |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Clifton A. Wharton Date 10-16-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
Signed Clifton A. Wharton
New Address Home
Subscribed and sworn to before me this 16th day of Oct, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of HENDRICKS) ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Martha J. Murrell Date 10/16/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
Signed Martha J. Murrell
New Address Same
Subscribed and sworn to before me this 16 day of Oct, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of HENDRICKS) ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-16-90, authorizing the marriage of CLIFF A. WHARTON and MARTHA J. MURRELL.

I further certify that the following marriage certificate was filed in my office:

I, CHARLES R. BLAISDELL (name), certify that on 10-20-90 (date), at METAMORA in FRANKLIN County, Indiana, CLIFF A. WHARTON of HENDRICKS County, IN (state), and MARTHA J. MURRELL of MORGAN County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-20-90

Signed by: /s/ CHARLES R. BLAISDELL MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-25-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

511
No. 602
File _____
Date of Application 10-17-90

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 James Walker

| MALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Ad. P. 10-17-90</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children: <u>Gray Glover</u> | | | | |
| 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 <u>James P. Glover</u> Residence of father (if deceased, so state) <u>Bellevue, N.C.</u> Birthplace of father (State or foreign country) <u>N.C.</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Mary Catherine Fleming</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>N.C.</u> | | | | |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding 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 | <u>James K. Glover</u> Date <u>10-17-90</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court | _____ Date _____ |
| State of Indiana | <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | _____) |
| Signed | <u>James K. Glover</u> |
| New Address | <u>Same as above</u> |
| Subscribed and sworn to before me this | <u>17</u> day of <u>Oct</u> , 19 <u>90</u> |
| | <u>Lois J. Purdy</u> Clerk of the <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|----------------------------|
| We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ | |
| State of Indiana <u>HENDRICKS</u>) ss: _____ | |
| County of | _____) |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this | _____ day of _____, 19____ |
| | _____ Clerk |

| FEMALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Ad. P. 10-17-90</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>Donald Lee Newald</u> Residence of father (if deceased, so state) <u>Blount, TN</u> Birthplace of father (State or foreign country) <u>TN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Emma Jean Spidens</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>TN</u> | | | | |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding 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 | <u>Kimberly A. Newald</u> Date <u>10-17-90</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court | _____ Date _____ |
| State of Indiana | <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | _____) |
| Signed | <u>Kimberly A. Newald</u> |
| New Address | _____ |
| Subscribed and sworn to before me this | <u>17</u> day of <u>Oct</u> , 19 <u>90</u> |
| | <u>Lois J. Purdy</u> Clerk of the <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|----------------------------|
| We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ | |
| State of Indiana <u>HENDRICKS</u>) ss: _____ | |
| County of | _____) |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this | _____ day of _____, 19____ |
| | _____ Clerk |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

| RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE | |
|--|--------------------------------|
| I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>10-17-90</u> , authorizing the marriage of <u>JAMES K. GLOVER</u> and <u>KIMBERLY A. NEIWALD</u> . | |
| I further certify that the following marriage certificate was filed in my office: | |
| I, <u>BRADFORD F. PURDY</u> (name), certify that on <u>10-26-90</u> (date), at <u>ST. LUKE'S UNITED CHURCH</u> | |
| <u>MARION</u> County, Indiana, <u>JAMES K. GLOVER</u> of <u>FAIRFAX</u> County, | |
| <u>VA</u> (state), and <u>KIMBERLY A. NEIWALD</u> of <u>HENDRICKS</u> County, | |
| <u>IN</u> (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>10-26-90</u> | |
| Signed by: <u>/S/ BRADFORD F. PURDY</u> , <u>CLERGYMAN</u> (official designation) | |
| Filed and recorded in accordance with the laws of the State of Indiana on <u>10-30-90</u> (date). | |
| Signed <u>Lois J. Purdy</u> Clerk | <u>HENDRICKS</u> Circuit Court |

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 603

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 _____

Name of Physician _____

| MALE APPLICANT | | FEMALE APPLICANT | |
|--|---|---|---|
| Name <u>Estel</u> First <u>Fred</u> Middle <u>Poe</u> Last | Name <u>Virginia</u> First <u>Hayes</u> Middle <u>Hayes</u> Last | Date of Birth <u>May</u> Month <u>5</u> Day <u>1930</u> Year | Date of Birth <u>July</u> Month <u>26</u> Day <u>1932</u> Year |
| Place of Birth (State or foreign country) <u>Kentucky</u> | Place of Birth (State or foreign country) <u>Kentucky</u> | Residence Address <u>2120 Hill Rd, Plainfield, Hendricks, In</u> | Residence Address <u>2120 Hill Rd, Plainfield, Hendricks, In</u> |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 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 _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | (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 <u>Charles Fred Poe</u> Residence of father (if deceased, so state) <u>deceased</u> Birthplace of father (State or foreign country) _____ | 7. (a) Full name of applicant's father <u>Osbin Clarence York</u> Residence of father (if deceased, so state) <u>deceased</u> Birthplace of father (State or foreign country) _____ | (b) Full maiden name of applicant's mother <u>Lula Rose Upchurch</u> Residence of mother (if deceased, so state) <u>Kentucky</u> Birthplace of mother (State or foreign country) <u>Kentucky</u> | (b) Full maiden name of applicant's mother <u>Nellie Ernestine Conley</u> Residence of mother (if deceased, so state) <u>Kentucky</u> Birthplace of mother (State or foreign country) <u>Kentucky</u> |
| ACKNOWLEDGMENT I acknowledge that I have received information regarding 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 <u>Estel & Poe</u> Date <u>10-17-90</u> The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____ | | ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Virginia Hayes</u> Date <u>10-17-90</u> The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____ | |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Estel & Poe</u> New Address <u>Same</u> Subscribed and sworn to before me this <u>17th</u> day of <u>Oct</u> , 19 <u>90</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Virginia Hayes</u> New Address <u>Same</u> Subscribed and sworn to before me this <u>17th</u> day of <u>Oct</u> , 19 <u>90</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) ss: County of _____ Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk | | CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) ss: County of _____ Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk | |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 ESTEL FRED POE and VIRGINIA HAYES.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE (name), certify that on 10-17-90 (date), at DANVILLE in HENDRICKS County, Indiana, ESTEL FRED POE of HENDRICKS County, IN (state), and VIRGINIA HAYES of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-17-90.

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 10-17-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 604
File _____
Date of Application 10-17-90

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 10-16-90
Name of Physician Dr. Stafford

| MALE APPLICANT | |
|--|--|
| Name <u>Timothy</u> First <u>Alan</u> Middle <u>Gerking</u> Last | |
| Date of Birth <u>April</u> Month <u>27</u> Day <u>1968</u> Year | |
| Place of Birth (State or foreign country) <u>Indiana</u> | |
| Residence Address <u>6 Greenwood Dr.</u> Street or R.R. <u>Brownsville</u> City <u>Hendricks</u> County <u>Ind</u> State | |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u> | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 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 applicant's father <u>Nancy Charles Gerking</u> | |
| Residence of father (if deceased, so state) <u>Indiana</u> | |
| Birthplace of father (State or foreign country) <u>Indiana</u> | |
| (b) Full maiden name of applicant's mother <u>Nonda Lee Buzzard</u> | |
| Residence of mother (if deceased, so state) <u>Indiana</u> | |
| Birthplace of mother (State or foreign country) <u>Indiana</u> | |

| FEMALE APPLICANT | |
|--|--|
| Name <u>Terry</u> First <u>Lynn</u> Middle <u>Hughes</u> Last | |
| Date of Birth <u>March</u> Month <u>29</u> Day <u>1969</u> Year | |
| Place of Birth (State or foreign country) <u>Indiana</u> | |
| Residence Address <u>5712 S. 1st St.</u> Street or R.R. <u>Danville</u> City <u>Hendricks</u> County <u>Ind</u> State | |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u> | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 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 applicant's father <u>Mary Lynn Hughes</u> | |
| Residence of father (if deceased, so state) <u>Indiana</u> | |
| Birthplace of father (State or foreign country) <u>Ohio</u> | |
| (b) Full maiden name of applicant's mother <u>Patricia Ann Jackson</u> | |
| Residence of mother (if deceased, so state) <u>Indiana</u> | |
| Birthplace of mother (State or foreign country) <u>Indiana</u> | |

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Timothy Alan Gerking 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.

Clerk of Court _____ Date _____

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Terry 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Timothy Alan Gerking

New Address 1551 Petree Court Danville

Subscribed and sworn to before me this 17 day of Oct, 1990

Louise Brown Clerk 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 Terry Lynn Hughes

New Address 1551 Petree Ct. Danville

Subscribed and sworn to before me this 17 day of Oct, 1990

Louise Brown Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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 HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 TIMOTHY ALAN GERKING and TERRY LYNN HUGHES.

I further certify that the following marriage certificate was filed in my office:

I, STEVEN T. REEVES (name), certify that on 10-20-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, TIMOTHY ALAN GERKING of HENDRICKS County, IN (state), and TERRY LYNN HUGHES of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-23-90.

Signed by: /s/ STEVEN T. REEVES PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-23-90 (date).

Signed Louise Brown Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 605

File _____

Date of Application 10-17-90

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 10-2-90
Name of Physician Carrie Jordan

| MALE APPLICANT | |
|---|--|
| Name | First <u>Michael K.</u> Middle <u>Mooney</u> Last <u>Mooney</u> |
| Date of Birth | Month <u>Apr</u> Day <u>24</u> Year <u>1956</u> |
| Place of Birth (State or foreign country) | <u>Ind.</u> |
| Residence Address | Street or R.R. <u>40 N. Green St</u> City <u>Bloomington</u> State <u>Ind.</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lunsce</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>Stephen</u> <u>Stephanie Mooney</u> |
| 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 | <u>Paul Mooney</u> |
| Residence of father (if deceased, so state) | <u>deceased</u> |
| Birthplace of father (State or foreign country) | <u>Ind.</u> |
| (b) Full maiden name of applicant's mother | <u>Florence Vandewater</u> |
| Residence of mother (if deceased, so state) | <u>Thornstown Ind.</u> |
| Birthplace of mother (State or foreign country) | <u>Ind.</u> |

| FEMALE APPLICANT | |
|--|--|
| Name | First <u>Charlene A.</u> Middle <u>Reed</u> Last <u>Reed</u> |
| Date of Birth | Month <u>Feb</u> Day <u>9</u> Year <u>1952</u> |
| Place of Birth (State or foreign country) | <u>Ind.</u> |
| Residence Address | Street or R.R. <u>40 N. Green St</u> City <u>Bloomington</u> State <u>Ind.</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lunsce</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>Steven</u> <u>Rocky Reed</u> |
| 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 | <u>Edmond Allen</u> |
| Residence of father (if deceased, so state) | <u>deceased</u> |
| Birthplace of father (State or foreign country) | <u>Ind.</u> |
| (b) Full maiden name of applicant's mother | <u>Wanda Barton</u> |
| Residence of mother (if deceased, so state) | <u>Indpls Ind.</u> |
| Birthplace of mother (State or foreign country) | <u>Ind.</u> |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding 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 | <u>Michael K. Mooney</u> Date <u>10/17/90</u> |
| The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | |
| Signed | <u>Michael K. Mooney</u> |
| New Address | <u>40 N. GREEN ST. #1 BLOOMINGTON IN</u> |
| Subscribed and sworn to before me this | <u>17</u> day of <u>Oct</u> , 19 <u>90</u> |
| | <u>Carrie Lunsce</u> Clerk of the HENDRICKS Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|----------------------------|
| We, the parents of this applicant, hereby give 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 |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding 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 | <u>Charlene A. Reed</u> Date <u>10/17/90</u> |
| The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | |
| Signed | <u>Charlene A. Reed</u> |
| New Address | <u>40 N. GREEN ST. Apt 11</u> |
| Subscribed and sworn to before me this | <u>17</u> day of <u>Oct</u> , 19 <u>90</u> |
| | <u>Carrie Lunsce</u> Clerk of the HENDRICKS Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|----------------------------|
| We, the parents of this applicant, hereby give 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 |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 MICHAEL K. MOONEY and CHARLENE A. REED.

I further certify that the following marriage certificate was filed in my office:

I, JAMES MCKOWEN (name), certify that on 10-24-90 (date), at INDIANAPOLIS in MARION County, Indiana, MICHAEL K. MOONEY of HENDRICKS County, IN (state), and CHARLENE A. REED of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-24-90

Signed by: /s/ JAMES MCKOWEN MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-26-90 (date).

Signed Carrie Lunsce 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

No. 606

File _____

HENDRICKS CountyDate of Application 10-17-90

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 10-17-90
Name of Physician Philip Bastida

| MALE APPLICANT | |
|---|---|
| Name | First <u>Gregory A.</u> Middle <u>Crowe</u> Last <u>Crowe</u> |
| Date of Birth | Month <u>June</u> Day <u>8</u> Year <u>1957</u> |
| Place of Birth (State or foreign country) | <u>IN</u> |
| Residence Address | Street or R.R. <u>1147 Raymond St</u> City <u>Plainfield</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>Thomas Crowe</u> |
| Residence of father (if deceased, so state) | <u>Plainfield, IN</u> |
| Birthplace of father (State or foreign country) | <u>IN</u> |
| (b) Full maiden name of applicant's mother | <u>Donna Pierson</u> |
| Residence of mother (if deceased, so state) | <u>Same</u> |
| Birthplace of mother (State or foreign country) | <u>IN</u> |

| FEMALE APPLICANT | |
|--|---|
| Name | First <u>Kathryn L.</u> Middle <u>Kost</u> Last <u>Kost</u> |
| Date of Birth | Month <u>Dec</u> Day <u>3</u> Year <u>1961</u> |
| Place of Birth (State or foreign country) | <u>IN</u> |
| Residence Address | Street or R.R. <u>Same</u> City <u>Plainfield</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>Megan Armstrong</u> |
| 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 | <u>John Kost</u> |
| Residence of father (if deceased, so state) | <u>Plainfield, IN</u> |
| Birthplace of father (State or foreign country) | <u>IN</u> |
| (b) Full maiden name of applicant's mother | <u>Kay Tetter</u> |
| Residence of mother (if deceased, so state) | <u>Same</u> |
| Birthplace of mother (State or foreign country) | <u>IN</u> |

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Gregory A. Crowe Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kathryn L. Kost Date _____

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Gregory A. Crowe

New Address 1147 Raymond St

Subscribed and sworn to before me this 17 day of Oct, 1990

Connie Lawson Clerk 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 X Kathryn L. Kost

New Address 1147 Raymond St

Subscribed and sworn to before me this 17 day of Oct, 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana 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 HENDRICKS) ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 GREGORY ALAN CROWE and KATHRYN LYNN KOST.

I further certify that the following marriage certificate was filed in my office:

I, GEORGE PLASTERER (name), certify that on 11-10-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, GREGORY ALAN CROWE of HENDRICKS County, IN (state), and KATHRYN LYNN KOST of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-10-90.

Signed by: /s/ GEORGE PLASTERER MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-15-90 (date).

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 607

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 _____
Name of Physician _____

MALE APPLICANT

Name First Middle Last
Anthony Wayne Brown
Date of Birth Month Day Year
11 17 68
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State
Same
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 ☐
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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father John David Brown
Residence of father (if deceased, so state) Danville Ind.
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of applicant's mother Mary Catherine Stigall
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name First Middle Last
Janice Anne Keene
Date of Birth Month Day Year
2 24 71
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State
3907 E 100th Danville Ind.
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Shirley D. Keene
Residence of father (if deceased, so state) Ellettsville Ind.
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of applicant's mother Leah M. Sprinch
Residence of mother (if deceased, so state) Danville Ind.
Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Tony Brown Date Oct 17

The above applicant has 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 x Tony Brown
New Address _____

Subscribed and sworn to before me this 17 day of Oct, 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)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Janice Keene Date Oct 17, 1990

The above applicant has 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 x Janice Keene
New Address _____

Subscribed and sworn to before me this 17 day of Oct, 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)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated _____, authorizing the marriage of _____ and _____.

I further certify that the following marriage certificate was filed in my office:

I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County, _____ (state), and _____ of _____ County, _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated _____.

Signed by: _____ (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).

Signed _____ Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 517
File 608
Date of Application 10-18-90

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 8-20-90
Name of Physician J.M. Kennedy, M.D.

MALE APPLICANT

Name Britt Kenneth Quisenberry
Date of Birth Month 2 Day 8 Year 62
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 5 Manor Dr. Danville, In.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence 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 applicant's father Kenneth Leon Quisenberry
Residence of father (if deceased, so state) Lafayette, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Sandra Kay Wysocki
Residence of mother (if deceased, so state) Lafayette, In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Heather Louise Pulsipher
Date of Birth Month 3 Day 2 Year 74
Place of Birth (State or foreign country) Warsaw, In.
Residence Address 118 N Adams Brownsburg In
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 ☐
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 applicant's father Victor Eugene Pulsipher
Residence of father (if deceased, so state) Claypool, In.
Birthplace of father (State or foreign country) Michigan
(b) Full maiden name of applicant's mother Shirley Lynn Hicks
Residence of mother (if deceased, so state) Brownsburg In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Britt Quisenberry Date _____

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.

Signed Britt Quisenberry

New Address SAME

Subscribed and sworn to before me this 18th day of Oct, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Heather Pulsipher Date _____

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.

Signed Heather Pulsipher

New Address 5 MANOR DRIVE DANVILLE IN.

Subscribed and sworn to before me this 18th day of Oct, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss: _____

Signed _____ Father

Signed Delma L. Stedham Mother

Subscribed and sworn to before me this 18th day of Oct, 19 90
Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-18-90, authorizing the marriage of BRITT KENNETH QUISENBERRY and HEATHER LOUISE PULSIPHER.

I further certify that the following marriage certificate was filed in my office:

I, DENNIS L. DODSON (name), certify that on 10-20-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, BRITT KENNETH QUISENBERRY of HENDRICKS County, IN (state), and HEATHER LOUISE PULSIPHER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-18-90

Signed by: /s/ DENNIS L. DODSON MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-23-90 (date).

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 609

File

Date of Application 10/19/90

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 2-22-90Name of Physician Timothy Freese

MALE APPLICANT

Name Ken Richard Stiver
Date of Birth August 14, 1953
Place of Birth (State or foreign country) Logansport, Indiana
Residence Address 3646 MacBeth Dr., Plainfield, In. 46168
Previous Marital Status: Never Married ☐ OR ☒

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) Universal License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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. No

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 Harold P. Stiver
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Logansport

(b) Full maiden name of applicant's mother Debra Opae Howell
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name Kimberly Sue Hamilton
Date of Birth August 19, 1959
Place of Birth (State or foreign country) Logansport, Indiana
Residence Address 3646 MacBeth Dr., Plainfield, In. 46168
Previous Marital Status: Never Married ☒ OR ☐

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) Universal License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children. No

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 Donald R. Hamilton
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana-Logansport

(b) Full maiden name of applicant's mother Nancy Suzanne Wiley
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X [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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed X [Signature]New Address X SAME

Subscribed and sworn to before me this 19th day of Oct., 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X [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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed X [Signature]New Address X SAME

Subscribed and sworn to before me this 19th day of Oct., 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-19-90, authorizing the marriage of KEN RICHARD STIVER and KIMBERLY SUE HAMILTON.

I further certify that the following marriage certificate was filed in my office:

I, MICHAEL C. LeSAUX (name), certify that on 10-27-90 (date), at FIRST UNITED METHODIST CHURCH in CASS County, Indiana, KEN RICHARD STIVER of HENDRICKS County, IN (state), and KIMBERLY SUE HAMILTON of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-31-90.

Signed by: /s/ MICHAEL C. LeSAUX PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-31-90 (date).

Signed Connie Lawson 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

No. 610

File _____

HENDRICKS CountyDate of Application 10-19-90

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 Marge R. Heston

| MALE APPLICANT | | | | | |
|---|--|-------------|---------------|------------------|--|
| Name | First | Middle | Last | Initial | |
| | <u>Charles</u> | <u>Alan</u> | <u>Becker</u> | <u>Sr.</u> | |
| Date of Birth | Month | Day | Year | | |
| | <u>10</u> | <u>19</u> | <u>60</u> | | |
| Place of Birth (State or foreign country) | <u>IN</u> | | | | |
| Residence Address | Street or R.R. | City | County | State | |
| | <u>Same</u> | | | <u>Hendricks</u> | |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | | | | |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Heston</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 5. List the full names of any dependent children: <u>Charles Alan Becker Jr.</u> | | | | | |
| 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 <u>Charles Albert Becker</u> | | | | | |
| Residence of father (if deceased, so state) <u>Peoria, Ill.</u> | | | | | |
| Birthplace of father (State or foreign country) <u>Ill.</u> | | | | | |
| (b) Full maiden name of applicant's mother <u>Beth E. Miller</u> | | | | | |
| Residence of mother (if deceased, so state) <u>Same</u> | | | | | |
| Birthplace of mother (State or foreign country) <u>MO</u> | | | | | |

| FEMALE APPLICANT | | | | | |
|--|--|--------------------|------------------|-----------|--|
| Name | First | Middle | Last | Initial | |
| | <u>Dawn</u> | <u>E.</u> | <u>Yorger</u> | | |
| Date of Birth | Month | Day | Year | | |
| | <u>7</u> | <u>13</u> | <u>66</u> | | |
| Place of Birth (State or foreign country) | <u>Vermont</u> | | | | |
| Residence Address | Street or R.R. | City | County | State | |
| | <u>31 Oakridge Dr.</u> | <u>Monroeville</u> | <u>Hendricks</u> | <u>IN</u> | |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) _____ | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| 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 applicant's father <u>Carl Dean Yorger</u> | | | | | |
| Residence of father (if deceased, so state) <u>Bloomington</u> | | | | | |
| Birthplace of father (State or foreign country) <u>Ill.</u> | | | | | |
| (b) Full maiden name of applicant's mother <u>Joseph Elaine Wells</u> | | | | | |
| Residence of mother (if deceased, so state) <u>Peoria, Ill.</u> | | | | | |
| Birthplace of mother (State or foreign country) <u>MASS</u> | | | | | |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 A. Becker 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.
Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
County of _____)
Signed Charles A. Becker 10-19-90
New Address _____
Subscribed and sworn to before me this 19 day of Oct., 1990
Connie Spurgeon Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Dawn E. Yorger 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.
Clerk of Court Connie Spurgeon Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
County of _____)
Signed Dawn E. Yorger
New Address Same as above
Subscribed and sworn to before me this 19 day of Oct., 1990
Connie Spurgeon Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-19-90, authorizing the marriage of CHARLES ALAN BECKER, SR. and DAWN ELAINE YORGER.

I further certify that the following marriage certificate was filed in my office:

I, ROBERT FELTON CARTER (name), certify that on 10-20-90 (date), at INDIANAPOLIS in MARION County, Indiana, CHARLES ALAN BECKER, SR. of HENDRICKS County, IN (state), and DAWN ELAINE YORGER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-20-90.

Signed by: /s/ ROBERT FELTON CARTER MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-24-90 (date).

Signed Connie Spurgeon Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 611

File

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
Medical Examination or Report Dated 10-9-90
Name of Physician Dr. Newlichowski

MALE APPLICANT

Name James A. Cox
Date of Birth 4/29/1966
Place of Birth Greencastle, In. 46135
Residence Address 11435 Maple Lane Indianapolis, In.
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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.

- 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 Darrell W. Cox
Residence of father (if deceased, so state) Indpls. In.
Birthplace of father (State or foreign country) Greencastle In.
 - Full maiden name of applicant's mother Patricia R. Hammond
Residence of mother (if deceased, so state) Indpls. In.
Birthplace of mother (State or foreign country) Greencastle

FEMALE APPLICANT

Name Jimini R. McGill
Date of Birth 6/5/1970
Place of Birth Indianapolis - In.
Residence Address 245 N. Vine St. #1 Plainfield, In. 46168
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List 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 Kenneth E. Smith
Residence of father (if deceased, so state) Indpls. In.
Birthplace of father (State or foreign country) Indpls. In.
 - Full maiden name of applicant's mother Brenda S. McGill
Residence of mother (if deceased, so state) Indpls. In.
Birthplace of mother (State or foreign country) Indpls. In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant James A. Cox Date 10-22-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed James A. Cox
New Address _____

Subscribed and sworn to before me this 22 day of Oct., 19 90
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jimini R. McGill Date 10-22-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jimini R. McGill
New Address 245 N. VINE ST. #1 PLAINFIELD, IN, 46168

Subscribed and sworn to before me this 22 day of Oct., 19 90
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JAMES A. COX and JIMINI R. MCGILL.

I further certify that the following marriage certificate was filed in my office:

I, DARRELL W. COX (name), certify that on 11-10-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, JAMES A. COX of HENDRICKS County, IN (state), and JIMINI R. MCGILL of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-22-90.

Signed by: /s/ DARRELL W. COX, PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-13-90 (date).

Signed Connie Dawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 612
File _____
Date of Application 10-22-90

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 St. Vincent - Clinic

| MALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Sp.</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 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) | | | | |

| FEMALE APPLICANT | | | | |
|--|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Sp.</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 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 Gary D. Humphrey Date 10-22-90

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Patricia Reid Date 10-22-90

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 Gary D. Humphrey
New Address _____

Signed Patricia Reid
New Address _____

Subscribed and sworn to before me this 22 day of Oct., 1990
Donnie Spencer Clerk of the HENDRICKS Circuit Court

Subscribed and sworn to before me this 22 day of Oct., 1990
Donnie Spencer Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby 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:

Signed _____ Father
Signed _____ Mother

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-22-90, authorizing the marriage of GARY D. HUMPHREY and PATRICIA REID.

I further certify that the following marriage certificate was filed in my office:
I, JAMES D. SPENCER (name), certify that on 11-10-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, GARY HUMPHREY of HENDRICKS County, IN (state), and PATRICIA REID of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-10-90.

Signed by: /s/ JAMES D. SPENCER, PLAINFIELD TOWN COURT (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-14-90 (date).

Signed Donnie Spencer Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 613

File _____

Date of Application 10-22-90HENDRICKS 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 Kenneth Cloud

MALE APPLICANT

Name Paul First L. Middle Sotello Last
Date of Birth 8 Month 30 Day 60 Year
Place of Birth (State or foreign country) TX
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) Birth Certificate

- Are you now 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: John, Mary

- (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) _____
- (a) Full name of applicant's father Frank R. Sotello
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) TX
- (b) Full maiden name of applicant's mother Shirley Joy Sample
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) TX

FEMALE APPLICANT

Name Marilyn First M.L. Middle Roberson Last
Date of Birth 11 Month 26 Day 55 Year
Place of Birth (State or foreign country) IN
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) Birth Certificate

- Are you now 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 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Bernard Joseph Miller
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) TX
- (b) Full maiden name of applicant's mother Marie C. Pellegrini
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Mass.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Paul Sotello Date 10/22/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed Paul Sotello

New Address _____

Subscribed and sworn to before me this 22 day of Oct, 1990
Connie Spence Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana _____) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Marilyn Roberson Date 10-22-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed Marilyn Roberson

New Address _____

Subscribed and sworn to before me this 22 day of Oct, 1990
Connie Spence Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana _____) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-22-90, authorizing the marriage of PAUL L. SOTELLO and MARILYN M. ROBERSON.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE (name), certify that on 10-22-90 (date), at DANVILLE in HENDRICKS County, Indiana, PAUL L. SOTELLO of HENDRICKS County, IN (state), and MARILYN M. ROBERSON of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-22-90.

Signed by: /s/ CYNTHIA J. SPENCE, 1ST DEPUTY CLERK (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-22-90 (date).

Signed Connie Spence ClerkHENDRICKS 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. 614
File 10-25-90
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 9-18-90
Name of Physician Bryan Nelson, M.D.

| MALE APPLICANT | FEMALE APPLICANT |
|---|---|
| Name <u>Steven Neil Peters</u> | Name <u>Julie Elizabeth Nordenbrock</u> |
| Date of Birth <u>2</u> Month <u>21</u> Day <u>68</u> Year | Date of Birth <u>3</u> Month <u>22</u> Day <u>68</u> Year |
| Place of Birth (State or foreign country) <u>Indianapolis, In.</u> | Place of Birth (State or foreign country) <u>Dayton, Ohio</u> |
| Residence Address <u>1223 Elden Dr. Plainfield, In.</u> | Residence Address <u>1223 Elden Dr. Plainfield, In.</u> |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | (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 <u>David Neil Peters</u> Residence of father (if deceased, so state) <u>Portage, In.</u> Birthplace of father (State or foreign country) <u>Pennsylvania</u> | 7. (a) Full name of applicant's father <u>John Bauer Nordenbrock</u> Residence of father (if deceased, so state) <u>deceased</u> Birthplace of father (State or foreign country) <u>Ohio</u> |
| (b) Full maiden name of applicant's mother <u>Judith Rose Davis</u> Residence of mother (if deceased, so state) <u>Plainfield, In.</u> Birthplace of mother (State or foreign country) <u>Illinois</u> | (b) Full maiden name of applicant's mother <u>Mary Celeste Stammen</u> Residence of mother (if deceased, so state) <u>No. Derron, In.</u> Birthplace of mother (State or foreign country) <u>Ohio</u> |
| ACKNOWLEDGMENT I acknowledge that I have received information regarding 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 <u>Steven N. Peters</u> Date <u>10/25/90</u> | ACKNOWLEDGMENT I acknowledge that I have received information regarding 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 <u>Julie Nordenbrock</u> Date <u>10-25-90</u> |
| The 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Steven N. Peters</u> New Address <u>4112 C Malden Ln. Beechgrove, IN.</u> Subscribed and sworn to before me this <u>25</u> day of <u>Oct.</u> , 19 <u>90</u> Clerk of the <u>HENDRICKS</u> Circuit Court | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Julie Nordenbrock</u> New Address <u>4112C Malden Ln. Beechgrove, IN. 46107</u> Subscribed and sworn to before me this <u>25th</u> day of <u>October</u> , 19 <u>90</u> Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ Clerk |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 STEVEN NEIL PETERS and JULIE ELIZABETH NORDENBROCK.

I further certify that the following marriage certificate was filed in my office:

I, ROGER K. PETERS (name), certify that on 10-27-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, STEVEN NEIL PETERS of HENDRICKS County, IN (state), and JULIE ELIZABETH NORDENBROCK of JENNINGS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-30-90.

Signed by: /s/ ROGER K. PETERS MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-30-90 (date).

Signed Barbara Johnson Clerk
HENDRICKS Circuit Court

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

No. 615

File

Date of Application 10-25-90

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 10-16-90

Name of Physician

MALE APPLICANT

Name Scott First Michael Middle Acton Last
Date of Birth July Month 11 Day 1970 Year
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 3933 Mann Village St City Indianapolis County Marion State Ind.
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 ☐
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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father Charles Lee Acton
Residence of father (if deceased, so state) Ind
Birthplace of father (State or foreign country) Ind
(b) Full maiden name of applicant's mother Bethie Sue Janssen
Residence of mother (if deceased, so state) Ind
Birthplace of mother (State or foreign country) Ill

FEMALE APPLICANT

Name Kelly First Sue Middle Harding Last
Date of Birth April Month 9 Day 1972 Year
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R.R. 5546 Clover Ln City Indianapolis County Hendricks State Ind.
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father Charles Robert Harding
Residence of father (if deceased, so state) Ind
Birthplace of father (State or foreign country) Ind
(b) Full maiden name of applicant's mother Sue Ann Castie
Residence of mother (if deceased, so state) Ind
Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Scott Michael Acton Date

The above applicant has 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

New Address 3933 Mann Village St IndianapolisSubscribed and sworn to before me this 25 day of Oct, 1990Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kelly Sue Harding 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.

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

New Address 3933 Mann Village St IndianapolisSubscribed and sworn to before me this 25 day of Oct, 1990Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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

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 HENDRICKS) ss:

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 SCOTT MICHAEL ACTON and KELLY SUE HARDING.

I further certify that the following marriage certificate was filed in my office:

I, MAX CASE (name), certify that on 11-3-90 (date), at INDIANAPOLIS in MARION County, Indiana, SCOTT MICHAEL ACTON of HENDRICKS County, IN (state), and KELLY SUE HARDING of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-3-90

Signed by: /s/ MAX CASE, CLERGY (official designation)Filed and recorded in accordance with the laws of the State of Indiana on 11-7-90 (date).

Signed Connie Dawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 616

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 10-17-90
Name of Physician R. Young

MALE APPLICANT

Name Robert Keith Zigler
Date of Birth Month 8 Day 3 Year 37
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R.R. City County State
154 Old N. Salem Rd. Danville, In.
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 ☐
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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father: Elder Zigler
Residence of father (if deceased, so state): Deceased
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Eva Edell Pittman
Residence of mother (if deceased, so state): Deceased
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Date 10/26/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed New Address 343 E. MAIN ST DANVILLE IN.

Subscribed and sworn to before me this 26th day of Oct 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)
County of HENDRICKS) ss:

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

FEMALE APPLICANT

Name Jennifer Barr Moore
Date of Birth Month 12 Day 1 Year 49
Place of Birth (State or foreign country) St. Louis, Mo.
Residence Address Street or R.R. City County State
610 S. 4th St. Beech Grove, In.
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Christ's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father: James Harold Barr
Residence of father (if deceased, so state): Deceased
Birthplace of father (State or foreign country): Mo.
(b) Full maiden name of applicant's mother: Jacqueline Rose Brunke
Residence of mother (if deceased, so state): Indianapolis, In.
Birthplace of mother (State or foreign country): Mo.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Date 10/26/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jennifer B. Moore
New Address 343 E. MAIN ST DANVILLE IN.

Subscribed and sworn to before me this 26th day of Oct 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)
County of HENDRICKS) ss:

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
County Court, by written order issued.
and filed in, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 10-26-90, authorizing the marriage of ROBERT KEITH ZIGLER and
JENNIFER BARR MOORE.

I further certify that the following marriage certificate was filed in my office:

I, MYRON BARNARD (name), certify that on 11-3-90 (date), at INDIANAPOLIS in
MARION County, Indiana, ROBERT KEITH ZIGLER of HENDRICKS County,
IN (state), and JENNIFER BARR MOORE 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 11-3-90

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 Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 617

File _____

HENDRICKS CountyDate of Application 10-29-90

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 10-30-90
Name of Physician M. Kennedy, M.D.

| MALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>James C. Cornett</u> Residence of father (if deceased, so state) <u>Springfield KY</u> Birthplace of father (State or foreign country) <u>KY</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Linda D. Dodd</u> Residence of mother (if deceased, so state) <u>Annville ID</u> Birthplace of mother (State or foreign country) <u>KY</u> | | | | |

| FEMALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>Edward R. Horton</u> Residence of father (if deceased, so state) <u>Shelbyville ID</u> Birthplace of father (State or foreign country) <u>ID</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Brenda J. Alexander</u> Residence of mother (if deceased, so state) <u>Annville ID</u> Birthplace of mother (State or foreign country) <u>KY</u> | | | | |

| ACKNOWLEDGMENT | |
|--|----------------------|
| I acknowledge that I have received information regarding 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 <u>X John C. Cornett</u> | Date <u>10-29-90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>X John C. Cornett</u> | |
| New Address _____ | |
| Subscribed and sworn to before me this <u>10</u> day of <u>29</u> , 19 <u>90</u> <u>Connie Spurgeon</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |

| ACKNOWLEDGMENT | |
|--|----------------------|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant <u>X Edward R. Horton</u> | Date <u>10-29-90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>X Edward R. Horton</u> | |
| New Address _____ | |
| Subscribed and sworn to before me this <u>10</u> day of <u>29</u> , 19 <u>90</u> <u>Connie Spurgeon</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--------|
| We, the parents of this applicant, hereby 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 <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: | |
| Signed _____ | Father |
| Signed _____ | Mother |
| Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk | |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-31-90 authorizing the marriage of JOHN C. CORNETT and LISA L. HORTON.

I further certify that the following marriage certificate was filed in my office:

I, JAMES A. KILGORE (name), certify that on 11-3-90 (date), at 11:00 a.m. in HENDRICKS County, Indiana, JOHN C. CORNETT of HENDRICKS County, IN (state), and LISA L. HORTON of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-3-90.

Signed by: /s/ JAMES A. KILGORE PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-13-90 (date).

Signed Connie Spurgeon Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 618

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 M. Baker

MALE APPLICANT

Name Robert First H. Middle Fields Last
Date of Birth _____ Month _____ Day _____ Year _____
Place of Birth (State or foreign country) IN
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) Dr. Fields

- Are you now 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. Melinda Mae, Dale Michael
- (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) _____
- (a) Full name of applicant's father Herbert Eugene Fields
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Almeta D. Strong
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Robert H. Fields Date _____

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.

Signed Robert H. Fields

New Address _____

Subscribed and sworn to before me this 29 day of Oct., 1990
Loanne Spurgeon Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

FEMALE APPLICANT

Name Nancy First A. Middle Heath Last
Date of Birth _____ Month _____ Day _____ Year _____
Place of Birth (State or foreign country) IN
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) Dr. Fields

- Are you now 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 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? No ☒ Yes ☐
- List the full names of any dependent children. Steven Earl
- (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) _____
- (a) Full name of applicant's father Henry Archie Huffman
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Beatrice M. Shaper
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Nancy A. Heath Date _____

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.

Signed Nancy A. Heath

New Address _____

Subscribed and sworn to before me this 29 day of Oct., 1990
Loanne Spurgeon Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 ROBERT H. FIELDS and NANCY A. HEATH.

I further certify that the following marriage certificate was filed in my office:

I, CHARLES ELSTON (name), certify that on 11-5-90 (date), at INDIANAPOLIS in MARION County, Indiana, ROBERT H. FIELDS of HENDRICKS County, IN (state), and NANCY A. HEATH of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-5-90.

Signed by: /s/ CHARLES ELSTON MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-7-90 (date).

Signed Loanne Spurgeon Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 619

File

10-30-90
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 _____

Name of Physician _____

| MALE APPLICANT | FEMALE APPLICANT |
|--|---|
| Name <u>Larry</u> First <u>Lee</u> Middle <u>Wood</u> Last | Name <u>Sharon</u> First <u>Louise</u> Middle <u>Hoffman</u> Last |
| Date of Birth <u>Nov</u> Month <u>15</u> Day <u>1939</u> Year | Date of Birth <u>Nov</u> Month <u>17</u> Day <u>1939</u> Year |
| Place of Birth (State or foreign country) <u>Indiana</u> | Place of Birth (State or foreign country) <u>Indiana</u> |
| Residence Address <u>101 E Mill St. Danville Hendricks, In</u> | Residence Address <u>101 E Mill St. Danville Hendricks In</u> |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | (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 <u>Leonard Eston Wood</u> Residence of father (if deceased, so state) <u>deceased</u> Birthplace of father (State or foreign country) _____ | 7. (a) Full name of applicant's father <u>Fred Hershel McHenry</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> |
| (b) Full maiden name of applicant's mother <u>Paulah Lawrence Snider</u> Residence of mother (if deceased, so state) <u>deceased</u> Birthplace of mother (State or foreign country) _____ | (b) Full maiden name of applicant's mother <u>Linda Elissa Widener</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u> |
| 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 <u>Larry Wood</u> Date <u>10-30-90</u> | I acknowledge that I have received information regarding 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 <u>Sharon L. Hoffman</u> Date <u>10-30-90</u> |
| The 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Larry Wood</u> New Address <u>same</u> Subscribed and sworn to before me this <u>30</u> day of <u>Oct</u> , 19 <u>90</u> <u>Connie Dawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Sharon L. Hoffman</u> New Address <u>same</u> Subscribed and sworn to before me this <u>30</u> day of <u>Oct</u> , 19 <u>90</u> <u>Connie Dawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk | State of Indiana <u>HENDRICKS</u>) ss: Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-30-90, authorizing the marriage of LARRY LEE WOOD and SHARON LOUISE HOFFMAN.

I further certify that the following marriage certificate was filed in my office:

I, Timothy Wilbur (name), certify that on Nov. 18, 1990 (date), at Anderson in Madison County, Indiana, LARRY LEE WOOD of HENDRICKS County, INDIANA (state), and SHARON LOUISE HOFFMAN 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 18th November, 1990

Signed by: Timothy Wilbur Minister, _____ (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-21-90 (date).

Signed Connie Dawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 620
File _____
Date of Application _____

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 10-17-90
Name of Physician James Black

| MALE APPLICANT | |
|---|---|
| Name | First <u>Robert</u> Middle <u>E</u> Last <u>Shellenbarger</u> |
| Date of Birth | Month <u>Mar</u> Day <u>18</u> Year <u>1951</u> |
| Place of Birth (State or foreign country) | <u>Tenn.</u> |
| Residence Address | Street or R.R. <u>238 N. Grant</u> City <u>Brownsville</u> State <u>Ar.</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Dr. James</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. | List the full names of any dependent children. <u>Adam Shellenbarger</u> <u>Brad Shellenbarger</u> |
| 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 <u>Ralph Savage</u> Residence of father (if deceased, so state) <u>deceased</u> Birthplace of father (State or foreign country) <u>Ohio</u> (b) Full maiden name of applicant's mother <u>Doris Smith</u> Residence of mother (if deceased, so state) <u>New Hampshire</u> Birthplace of mother (State or foreign country) <u>N.H.</u> |

| FEMALE APPLICANT | |
|---|---|
| Name | First <u>Carmen</u> Middle <u>L.</u> Last <u>McCamrack</u> |
| Date of Birth | Month <u>Nov</u> Day <u>18</u> Year <u>1955</u> |
| Place of Birth (State or foreign country) | <u>Ar.</u> |
| Residence Address | Street or R.R. <u>238 N. Grant</u> City <u>Brownsville</u> State <u>Ar.</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. James</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. | List the full names of any dependent children. <u>Brian Hunter</u> |
| 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 <u>James Hymaker</u> Residence of father (if deceased, so state) <u>Ar.</u> Birthplace of father (State or foreign country) <u>Ar.</u> (b) Full maiden name of applicant's mother <u>Mary Kane</u> Residence of mother (if deceased, so state) <u>Ar.</u> Birthplace of mother (State or foreign country) <u>Ar.</u> |

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Robert E. Shellenbarger Date 11-1-90

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Carmen L. McCamrack Date Nov 1 1990

The 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 HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Robert E. Shellenbarger
New Address 238 N. Grant Brownsville

Subscribed and sworn to before me this 1 day of Nov, 19 90
Connie Spurgeon Clerk of the HENDRICKS Circuit Court

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Carmen L. McCamrack
New Address 238 N. Grant Brownsville

Subscribed and sworn to before me this 1 day of Nov, 19 90
Connie Spurgeon Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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
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 HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 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).

Signed Connie Spurgeon Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 621

File

Date of Application 11-1-90

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 N/A
Name of Physician _____

| MALE APPLICANT | |
|---|--|
| Name | First <u>George H.</u> Middle <u>Deckers</u> Last <u>Deckers</u> |
| Date of Birth | Month <u>July</u> Day <u>21</u> Year <u>1908</u> |
| Place of Birth (State or foreign country) | <u>Ky</u> |
| Residence Address | Street or R.R. <u>640 Spruce St.</u> City <u>Plainfield, In.</u> State <u>In.</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lunsford</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>Thomas F. Deckers</u> |
| Residence of father (if deceased, so state) | <u>deceased</u> |
| Birthplace of father (State or foreign country) | <u>Ky</u> |
| (b) Full maiden name of applicant's mother | <u>Mary Jane Bradley</u> |
| Residence of mother (if deceased, so state) | <u>deceased</u> |
| Birthplace of mother (State or foreign country) | <u>Mo</u> |

| FEMALE APPLICANT | |
|--|--|
| Name | First <u>Elizabeth M.</u> Middle <u>Ruffner</u> Last <u>Ruffner</u> |
| Date of Birth | Month <u>July</u> Day <u>29</u> Year <u>1911</u> |
| Place of Birth (State or foreign country) | <u>In</u> |
| Residence Address | Street or R.R. <u>1445 N. Edmondson #312C</u> City <u>Indianapolis</u> State <u>Ind</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>Charles Crowe</u> |
| Residence of father (if deceased, so state) | <u>deceased</u> |
| Birthplace of father (State or foreign country) | <u>In</u> |
| (b) Full maiden name of applicant's mother | <u>Anna Fogelman</u> |
| Residence of mother (if deceased, so state) | <u>deceased</u> |
| Birthplace of mother (State or foreign country) | <u>In</u> |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding 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 | <u>George H. Deckers</u> Date <u>11-1-90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: _____ |
| I swear/affirm that the information given in this application is true and correct. | |
| Signed | <u>George H. Deckers</u> |
| New Address | <u>640 Spruce - Plainfield In 46168</u> |
| Subscribed and sworn to before me this | <u>11</u> day of <u>Nov</u> , 19 <u>90</u> |
| Clerk of the | <u>Carrie Swanson</u> Clerk of the <u>HENDRICKS</u> Circuit Court |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>Elizabeth M. Ruffner</u> Date <u>11-1-90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: _____ |
| I swear/affirm that the information given in this application is true and correct. | |
| Signed | <u>Elizabeth M. Ruffner</u> |
| New Address | <u>640 Spruce - Plainfield In 46168</u> |
| Subscribed and sworn to before me this | <u>11</u> day of <u>Nov</u> , 19 <u>90</u> |
| Clerk of the | <u>Carrie Swanson</u> Clerk of the <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--|
| We, the parents of this applicant, hereby 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 <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: _____ |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this | _____ day of _____, 19____ |
| Clerk | _____ |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 GEORGE H. DECKER and ELIZABETH M. RUFFNER.

I further certify that the following marriage certificate was filed in my office:

I, WILLIAM R. CLAYTON (name), certify that on 11-16-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, GEORGE H. DECKER of HENDRICKS County, IN (state), and ELIZABETH M. RUFFNER 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 11-20-90.

Signed by: /s/ WILLIAM R. CLAYTON PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-20-90 (date).

Signed Carrie Swanson 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

No. 622

File _____

HENDRICKS

County

Date of Application _____

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name Christopher Steven Bednar
Date of Birth 01/19/65
Place of Birth (State or foreign country) Danville, IL
Residence Address 1506 Woods Dr Apt 1815 Arlington Hts, IL 60004
Previous Marital Status: Never Married ☒ OR _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) oper lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A

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 Stephen George Bednar
Residence of father (if deceased, so state) 346 W. Johnson Rd Lakelet, IL 60550
Birthplace of father (State or foreign country) Whiting, IN
(b) Full maiden name of applicant's mother Lenore Rose Kocot
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name Cynthia Kay Stogsdill
Date of Birth 12/11/66
Place of Birth (State or foreign country) Indpls, IN
Residence Address 511 St Luke Dr Plainfield Hendricks IN 46168
Previous Marital Status: Never Married ☒ OR _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) oper lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A

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 James Floyd Stogsdill
Residence of father (if deceased, so state) 1112 Wishingwell Ln, Naperville IL 60564
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Wanda Jo Bartz
Residence of mother (if deceased, so state) same as father
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). N/A

Signature of Applicant Ch. Steven Bednar Date 11-02-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Ch. Steven Bednar
New Address same as above

Subscribed and sworn to before me this 2nd day of Nov, 19 90
Connie Lawton Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Cynthia Kay Stogsdill Date 11-02-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Cynthia Kay Stogsdill
New Address 1506 Woods Dr Apt 1815, Arlington Hts, IL

Subscribed and sworn to before me this 2nd day of Nov, 19 90
Connie Lawton Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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
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 HENDRICKS) ss: _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-02-90, authorizing the marriage of CHRISTOPHER STEVEN BEDNAR and CYNTHIA KAY STOGSDILL.

I further certify that the following marriage certificate was filed in my office:

I, RICHARD ZORE (name), certify that on 11-3-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, CHRISTOPHER STEVEN BEDNAR of COOK County, IN (state), and CYNTHIA KAY STOGSDILL of HENDRICKS County, IN (state) were 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/ RICHARD ZORE, ROMAN CATHOLIC PRIEST (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-9-90 (date).

Signed Connie Lawton Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 623

File _____

Date of Application 11/2/90

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 10/30/90
Name of Physician H. Edwin Campbell

MALE APPLICANT

Name First Terry Middle Ladd Last Maddox
Date of Birth Month Dec. Day 12 Year 1956
Place of Birth (State or foreign country) Tipton (Callaway) Mo.
Residence Address Street or R.R. City County State
126 N. Center Pl. Ind.
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 ☐
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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Wayne Ladd Maddox
Residence of father (if deceased, so state) Columbia Mo.
Birthplace of father (State or foreign country) Missouri
(b) Full maiden name of applicant's mother Frances Edith Mosley
Residence of mother (if deceased, so state) Columbia Mo.
Birthplace of mother (State or foreign country) Missouri

FEMALE APPLICANT

Name First Debra Middle Kay Last Martin
Date of Birth Month Dec. Day 24 Year 1952
Place of Birth (State or foreign country) Laurens Mo.
Residence Address Street or R.R. City County State
126 N. Center Pl. Ind.
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Donald L. Gier
Residence of father (if deceased, so state) Chelmsworth Mo.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Clarence E. McKnight
Residence of mother (if deceased, so state) Chelmsworth Mo.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Terry L. Maddox 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.

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS)

Signed Terry L. Maddox
New Address 126 N. Center PLAINFIELD, IN

Subscribed and sworn to before me this 2nd day of Nov., 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 _____) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Debra 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.

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS)

Signed Debra K Martin
New Address 126 N Center Plainfield, Ind

Subscribed and sworn to before me this 2 day of Nov, 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 _____) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 TERRY LADD MADDOX and DEBRA KAY MARTIN.

I further certify that the following marriage certificate was filed in my office:

I, JOHN C. PARSLEY (name), certify that on 11-10-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, TERRY LADD MADDOX of HENDRICKS County, IN (state), and DEBRA 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 PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-16-90 (date).

Signed Donnie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 624
File _____
Date of Application 11-2-90

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 11-2-90
Name of Physician Dr. Voo

| MALE APPLICANT | |
|---|---|
| Name | First <u>James</u> Middle <u>L.</u> Last <u>Moffitt</u> |
| Date of Birth | Month <u>4</u> Day <u>5</u> Year <u>1962</u> |
| Place of Birth (State or foreign country) | <u>Indianapolis, Indiana</u> |
| Residence Address | Street or R.R. <u>10 S. Rd 800 E.</u> City <u>Danville</u> County <u>Indiana</u> State <u>Ind.</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Universal Lic.</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>James M. Johnson</u> Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Virginia</u> (b) Full maiden name of applicant's mother <u>Carolyn Sue Moffitt</u> Residence of mother (if deceased, so state) <u>Indianapolis, Ind.</u> Birthplace of mother (State or foreign country) <u>Ind. Ind.</u> |

| FEMALE APPLICANT | |
|---|--|
| Name | First <u>Kimberly</u> Middle <u>J.</u> Last <u>Shoulders</u> |
| Date of Birth | Month <u>2</u> Day <u>29</u> Year <u>1964</u> |
| Place of Birth (State or foreign country) | <u>Indianapolis, Indiana</u> |
| Residence Address | Street or R.R. <u>10 S. Rd 400 E</u> City <u>Danville</u> County <u>Indiana</u> State <u>Ind.</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Universal Lic.</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>Wayne D. Shoulders</u> Residence of father (if deceased, so state) <u>Danville, Ind.</u> Birthplace of father (State or foreign country) <u>Callahan, Tenn.</u> (b) Full maiden name of applicant's mother <u>Karen S. Drullinger</u> Residence of mother (if deceased, so state) <u>Danville, Ind.</u> Birthplace of mother (State or foreign country) <u>Ind. Ind.</u> |

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 James L. Moffitt 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.

Clerk of Court _____ Date _____

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kimberly Shoulders 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed James L. Moffitt

New Address same

Subscribed and sworn to before me this 2 day of Nov., 1990

Connie Lawson Clerk 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 Kimberly Shoulders

New Address 10 S. Rd 400 E Apt 8 Danville Ind

Subscribed and sworn to before me this 2 day of Nov., 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana 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 HENDRICKS) ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JAMES L. MOFFITT and KIMBERLY J. SHOULDERS

I further certify that the following marriage certificate was filed in my office:

I, ROBERT F. GAMMON (name), certify that on 11-3-90 (date), at LAWRENCE in MARION County, Indiana, JAMES L. MOFFITT of HENDRICKS County, IN (state), and KIMBERLY J. SHOULDERS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-3-90

Signed by: /s/ ROBERT F. GAMMON JUDGE (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-9-90 (date).

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 695

File

Date of Application 11-2-90

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 10-24-90Name of Physician Charles Trupple, M.D.

MALE APPLICANT

Name Freddy Lee Gosser
Date of Birth Month 1 Day 20 Year 69
Place of Birth (State or foreign country) New Castle, In.
Residence Address PO Box 169 Street or R.R. Wilkinson, In. City Wilkinson County Wilkinson State In.
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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. /

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 Herbert Edgar Gosser
Residence of father (if deceased, so state) Indianapolis, In.
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Barbara Allen Williams
Residence of mother (if deceased, so state) Wilkinson, In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Dawn Michelle Simmons
Date of Birth Month 7 Day 6 Year 70
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 2478 West 200 North Street or R.R. Spawville, In. City Spawville County Spawville State In.
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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 father Joe Mike Simmons
Residence of father (if deceased, so state) Spawville, In.
Birthplace of father (State or foreign country) Oklahoma

(b) Full maiden name of applicant's mother Marilyn Louise Rozzel
Residence of mother (if deceased, so state) Spawville, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Freddy L. Gosser 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.

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given in this application is true and correct.

Signed Freddy L. Gosser

New Address _____

Subscribed and sworn to before me this 2nd day of Nov, 19 90
Connie Lawan Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Dawn M. Simmons 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.

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given in this application is true and correct.

Signed Dawn M. Simmons

New Address _____

Subscribed and sworn to before me this 2nd day of Nov, 19 90
Connie Lawan Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 office:

I, ESAU HUFF (name), certify that on 11-10-90 (date), at NORTHVIEW CHRISTIAN CHURCH in HENDRICKS County, Indiana, FREDDY LEE GOSSER of HANCOCK County, IN (state), and DAWN MICHELLE SIMMONS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-9-90.

Signed by: /s/ ESAU HUFF PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-15-90 (date).

Signed Connie Lawan Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 626

File

11-2-90
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 11-2-90
Name of Physician Thomas Baker M.D.

MALE APPLICANT

Name Donald Matthew Daniels
Date of Birth Month 6 Day 29 Year 78
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R.R. City County State 2308 Hawthorne Indpls, Ind 46231
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 ☐
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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father David C. Daniels
Residence of father (if deceased, so state) Spencer, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Marcia J. Grubb
Residence of mother (if deceased, so state) Rockville, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Donald M. Daniels 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.

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 Donald M. Daniels
New Address

Subscribed and sworn to before me this 2nd day of Nov, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

FEMALE APPLICANT

Name Norma Darlene Edwards
Date of Birth Month 2 Day 3 Year 63
Place of Birth (State or foreign country) Danville, In.
Residence Address Street or R.R. City County State 2308 Hawthorne Indpls, Ind 46231
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 ☐
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- 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? No ☒ Yes ☐
- List the full names of any dependent children. Michael Edwards Jr. 11 yrs; Andy Edwards 9 yrs; Kristina Edwards 8 yrs

- (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)
- (a) Full name of applicant's father James M. Whitaker
Residence of father (if deceased, so state) Pittsburg, In.
Birthplace of father (State or foreign country) Ky.
(b) Full maiden name of applicant's mother Angel Miller
Residence of mother (if deceased, so state) Pittsburg, In.
Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Norma D. Edwards 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.

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 Norma D. Edwards
New Address

Subscribed and sworn to before me this 2nd day of Nov, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 DONALD MATTHEW DANIELS and NORMA DARLENE EDWARDS.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE (name), certify that on 11-5-90 (date), at DANVILLE in HENDRICKS County, Indiana, DONALD MATTHEW DANIELS of HENDRICKS County, IN (state), and NORMA DARLENE EDWARDS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-5-90.

Signed by: /s/ CYNTHIA J. SPENCE, 1ST DEPUTY CLERK (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-5-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 627

File

11-5-90

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female

Medical Examination or Report Dated 10-27-90Name of Physician Poe

MALE APPLICANT

Name Mitchell First Van Middle Speaks Last
Date of Birth 12 Month 15 Day 60 Year
Place of Birth (State or foreign country) Lancaster, Ken.
Residence Address 1811 Crystal Bay, Plainfield, IN Street or R.R. 46168 City 46168 County 46168 State
Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lie

- Are you now 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 ☐

5. List the full names of any dependent children: Michael Van - 3 1/2
Amanda Lee - 22 months

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 Robert Van Speaks
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kentucky

(b) Full maiden name of applicant's mother Shorena Powell
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name Arena First Diane Middle Ellaby Last
Date of Birth 7 Month 23 Day 58 Year
Place of Birth (State or foreign country) Indiana
Residence Address 1634M Sharon, Indpls, IN Street or R.R. 46222 City 46222 County 46222 State
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lie

- Are you now 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 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? 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 applicant's father William David Ellaby
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Josephine Hawkins
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Mitchell Van Speaks Date 11-5-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

X Signed Mitchell Van SpeaksNew Address 1750 Franklin St. CENTERTON

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)
County of HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Arena D. Ellaby Date 11-5-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

X Signed Arena D. EllabyNew 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)
County of HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-5-90, authorizing the marriage of Mitchell Van Speaks and Arena Diane Ellaby.

I further certify that the following marriage certificate was filed in my office:

I, Janice S. Chilewski (name), certify that on Nov. 5, 1990 (date), at Danville in Hendricks County, Indiana, Mitchell Van Speaks of Hendricks County, Indiana (state), and Arena Diane Ellaby 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 Nov. 5, 1990.

Signed by: Janice S. Chilewski Chief Deputy Clerk (official designation)Filed and recorded in accordance with the laws of the State of Indiana on November 5, 1990 (date).

Signed Carmie Lunsar Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 628
File 11-5-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-5-90
Name of Physician David B. Haggard, M.D.

| MALE APPLICANT | |
|---|--|
| Name | First <u>Ryan</u> Middle <u>Lee</u> Last <u>Peckenpaugh</u> |
| Date of Birth | Month <u>7</u> Day <u>17</u> Year <u>70</u> |
| Place of Birth (State or foreign country) | <u>Desmet, So. Dakota</u> |
| Residence Address | Street or R.R. <u>6 N. Locust Ct.</u> City <u>Donnell, In</u> State <u>In</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's Lic.</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father <u>Ronnie Lee Peckenpaugh</u> Residence of father (if deceased, so state) <u>Bryant, So. Dak.</u> Birthplace of father (State or foreign country) <u>South Dakota</u> (b) Full maiden name of applicant's mother <u>Beauregard Jean Moeller</u> Residence of mother (if deceased, so state) <u>Bryant, So. Dak.</u> Birthplace of mother (State or foreign country) <u>South Dakota</u> |

| FEMALE APPLICANT | |
|---|--|
| Name | First <u>Linda</u> Middle <u>Louise</u> Last <u>Tolan</u> |
| Date of Birth | Month <u>9</u> Day <u>9</u> Year <u>65</u> |
| Place of Birth (State or foreign country) | <u>Indianapolis, In.</u> |
| Residence Address | Street or R.R. <u>7335 Rockleigh Ave. Apt A</u> City <u>Indpls</u> State <u>In</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's Lic.</u> |
| 1. | Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. | Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. | Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. | Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. | List the full names of any dependent children <u>Nancy Jacob Tolan 2 yrs.</u> |
| 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 <u>John Elbridge Tolan</u> Residence of father (if deceased, so state) <u>Plainfield, In</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Wanda Janet Knell</u> Residence of mother (if deceased, so state) <u>Plainfield, In</u> Birthplace of mother (State or foreign country) <u>Illinois</u> |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Ryan Peckenpaugh Date 11-5-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I I swear/affirm that the information given in this application is true and correct.

Signed Ryan Peckenpaugh
New Address 7335 Rockleigh Ave. Apt. A
Subscribed and sworn to before me this 5th day of Nov., 19 90
Carrie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby 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
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Linda B. Tolan Date 11-5-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I I swear/affirm that the information given in this application is true and correct.

Signed Linda B. Tolan
New Address 7335 Rockleigh Ave #A
Subscribed and sworn to before me this 5th day of Nov., 19 90
Carrie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby 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
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-5-90, authorizing the marriage of RYAN LEE PECKENPAUGH and LINDA LOUISE TOLAN.

I further certify that the following marriage certificate was filed in my office:

I, JOHN H. HESSELDENZ (name), certify that on 11-10-90 (date), at INDPLS. in MARION County, Indiana, RYAN LEE PECKENPAUGH of HENDRICKS County, IN (state), and LINDA LOUISE TOLAN 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 11-10-90.

Signed by: /s/ JOHN H. HESSELDENZ, JUDGE MARION COUNTY (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-15-90 (date).

Signed Carrie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 629File 11-7-90

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-16-90
Name of Physician Charles Kott, M.D.

MALE APPLICANT

Name Carl First Edgar Middle VanRijk Last
Date of Birth Month 5 Day 11 Year 59
Place of Birth (State or foreign country) Arnhem, Netherlands
Residence Address Street or R.R. City County State
416 S. Cross Danville, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence 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 applicant's father Theodore Henri Jan VanRijk
Residence of father (if deceased, so state) Monticello, In.
Birthplace of father (State or foreign country) Indonesia
(b) Full maiden name of applicant's mother Augusta Johanna Hebbking
Residence of mother (if deceased, so state) Monticello, In.
Birthplace of mother (State or foreign country) Indonesia

FEMALE APPLICANT

Name Michelle First Lynn Middle Mueller Last
Date of Birth Month 6 Day 12 Year 66
Place of Birth (State or foreign country) Town & Country, Missouri
Residence Address Street or R.R. City County State
416 S. Cross Danville, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence 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 applicant's father Ronald Russell Mueller
Residence of father (if deceased, so state) Maryland Hgts, Mo.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Nelwyn Beverly Mann
Residence of mother (if deceased, so state) Maryland Hgts, Mo.
Birthplace of mother (State or foreign country) Pennsylvania

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Carl W. Rijk Date Nov 7, 90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____
State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS)
Signed Carl W. Rijk
New Address Same
Subscribed and sworn to before me this 7th day of Nov, 19 90
Cornie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michelle D. Mueller 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.
Clerk of Court _____ Date _____
State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS)
Signed Michelle D. Mueller
New Address Same
Subscribed and sworn to before me this 7th day of Nov, 19 90
Cornie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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 HENDRICKS)
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana HENDRICKS) ss:
County of HENDRICKS)
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 CARL EDGAR VANRIJK and MICHELLE LYNN MUELLER.

I further certify that the following marriage certificate was filed in my office:

I, DOUGLAS L. TALLEY (name), certify that on 11-24-90 (date), at INDIANAPOLIS in MARION County, Indiana, CARL EDGAR VANRIJK of HENDRICKS County, IN (state), and MICHELLE LYNN MUELLER of HENDRICKS County, IN (state) were 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.

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 (date).

Signed Cornie Lawson Clerk
HENDRICKS Circuit Court

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 630

File

11-7-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name Edward First Dee Middle Goodman Last
Date of Birth May Month 51 Day 1934 Year
Place of Birth (State or foreign country) Kentucky
Residence Address 1604 Wash St, Indianapolis, Hendricks, In
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Arthur Lee Goodman
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) _____
(b) Full maiden name of applicant's mother Edna Mae Henry
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name June First Ferrel Middle McDuffee Last
Date of Birth December Month 20 Day 1934 Year
Place of Birth (State or foreign country) Indiana
Residence Address 1929 W 10th St, Indianapolis, Hendricks, In
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Paul Edgar Ferrel
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) _____
(b) Full maiden name of applicant's mother Karna Light
Residence of mother (if deceased, so state) deceased
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).

X Signature of Applicant Edward Dee Goodman 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

X Signed Edward Dee Goodman
New Address Same as above

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____
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant June Ferrel McDuffee 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed June Ferrel McDuffee
New Address Same

X 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____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 EDWARD DEE GOODMAN and JUNE FERREL McDUFFEE.

I further certify that the following marriage certificate was filed in my office:

I, THOMAS P(?) (name), certify that on 11-10-90 (date), at INDIANAPOLIS in MARION County, Indiana, EDWARD DEE GOODMAN of HENDRICKS County, IN (state), and JUNE FERREL McDUFFEE of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-7-90.

Signed by: /s/ THOMAS P(?...) MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-13-90 (date).

Signed Thomas P. Johnson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 631

File _____

11-8-90
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 10-19-90
Name of Physician Dr. Robert D. Diullo

| MALE APPLICANT | |
|---|--|
| Name | First <u>Harold</u> Middle <u>Afton</u> Last <u>Emerson</u> |
| Date of Birth | Month <u>July</u> Day <u>20</u> Year <u>1940</u> |
| Place of Birth (State or foreign country) | <u>Kentucky</u> |
| Residence Address | Street or P.R. <u>RR 2 Box 49, Paulsboro, Hendricks, In</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>Granville Emerson</u> |
| Residence of father (if deceased, so state) | <u>deceased</u> |
| Birthplace of father (State or foreign country) | _____ |
| (b) Full maiden name of applicant's mother | <u>Jessie May Marples</u> |
| Residence of mother (if deceased, so state) | <u>deceased</u> |
| Birthplace of mother (State or foreign country) | _____ |

| FEMALE APPLICANT | |
|--|--|
| Name | First <u>Janet</u> Middle <u>Lee</u> Last <u>Hughes</u> |
| Date of Birth | Month <u>Feb</u> Day <u>10</u> Year <u>1945</u> |
| Place of Birth (State or foreign country) | <u>Kentucky</u> |
| Residence Address | Street or P.R. <u>RR 2 Box 43-49, Paulsboro, Hendricks, In</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>William Lewis Morgan</u> |
| Residence of father (if deceased, so state) | <u>deceased</u> |
| Birthplace of father (State or foreign country) | _____ |
| (b) Full maiden name of applicant's mother | <u>Anna Ignacia Watson</u> |
| Residence of mother (if deceased, so state) | <u>Indiana</u> |
| Birthplace of mother (State or foreign country) | <u>Kentucky</u> |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding 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 | <u>Harold Afton Emerson</u> Date <u>11-8-90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed | <u>Harold Afton Emerson</u> |
| New Address | <u>SAME</u> |
| Subscribed and sworn to before me this | <u>8</u> day of <u>Nov</u> , 19 <u>90</u> |
| Clerk of the | <u>HENDRICKS</u> Circuit Court |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>Janet Lee Hughes</u> Date <u>11-8-90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed | <u>Janet Lee Hughes</u> |
| New Address | <u>SAME</u> |
| Subscribed and sworn to before me this | <u>8</u> day of <u>Nov</u> , 19 <u>90</u> |
| Clerk of the | <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--|
| We, the parents of this applicant, hereby 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 <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: _____ |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this | _____ day of _____, 19____ |
| Clerk | _____ |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-8-90, authorizing the marriage of HAROLD A. EMERSON and JANET L. HUGHES.

I further certify that the following marriage certificate was filed in my office:

I, ROBERT H. WATSON (name), certify that on 11-10-90 (date), at AMERICAN LEIGON HALL in HENDRICKS County, Indiana, HAROLD A. EMERSON of HENDRICKS County, IN (state), and JANET L. HUGHES of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-10-90.

Signed by: /s/ ROBERT H. WATSON MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-16-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 632

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 11-5-90
Name of Physician Theresa Wirtel

MALE APPLICANT

Name Troy Dean Peckenpaugh
Date of Birth 2 23 63
Place of Birth (State or foreign country) De Smet, South Dakota
Residence Address 6 Lacust St. Danville, In
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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: Heidi Peckenpaugh 6 yrs
Jeremiah Peckenpaugh 8 yrs
- (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) _____
- (a) Full name of applicant's father Kennie Lee Peckenpaugh
Residence of father (if deceased, so state) Bryant, So. Dak.
Birthplace of father (State or foreign country) South Dakota
(b) Full maiden name of applicant's mother Beaulieu Jean Moeller
Residence of mother (if deceased, so state) Bryant, So. Dak.
Birthplace of mother (State or foreign country) South Dakota

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Troy Peckenpaugh 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Troy Peckenpaugh 11
New Address Same

Subscribed and sworn to before me this 9th day of Nov, 19 90
Connie Lawren Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

FEMALE APPLICANT

Name Lisa Annette Harmon
Date of Birth 11 11 65
Place of Birth (State or foreign country) Transville, In.
Residence Address 6 Lacust St. Danville, In. 46122
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Walter Lee Carmon
Residence of father (if deceased, so state) Salt Lake City, Utah
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Karen Kay Lahr
Residence of mother (if deceased, so state) St. Vernon, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Lisa Harmon 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Lisa Harmon
New Address Same as above

Subscribed and sworn to before me this 9th day of Nov, 19 90
Connie Lawren Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 TROY DEAN PECKENPAUGH and LISA ANNETTE HARMON.

I further certify that the following marriage certificate was filed in my office:

I, JOHN H. HESSELDENZ (name), certify that on 11-10-90 (date), at INDPLS. in MARION County, Indiana, TROY DEAN PECKENPAUGH of HENDRICKS County, IN (state), and LISA ANNETTE HARMON of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-10-90

Signed by: /s/ JOHN H. HESSELDENZ JUDGE MARION COUNTY (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-15-90 (date).

Signed Connie Lawren Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 633

File _____

HENDRICKS County11-9-90
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 11-10-90Name of Physician Larry Hughes

MALE APPLICANT

Name Randall O. Key
Date of Birth Mar 33 1960
Place of Birth (State or foreign country) _____

Residence Address 711 Roosevelt Street or R.R. Plainfield, IN City Plainfield County IN State
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. L. Hughes

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence 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 applicant's father Gilbert O. Key
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Tn.

(b) Full maiden name of applicant's mother Priscilla Settle
Residence of mother (if deceased, so state) New Palestine, IN
Birthplace of mother (State or foreign country) Tn.

FEMALE APPLICANT

Name Dena R. Davis
Date of Birth June 35 1968
Place of Birth (State or foreign country) _____

Residence Address 711 Roosevelt Street or R.R. Plainfield, IN City Plainfield County IN State
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Dr. L. Hughes

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Bryce Davis

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 Kenneth L. Davis
Residence of father (if deceased, so state) Moonsville, IN
Birthplace of father (State or foreign country) IN

(b) Full maiden name of applicant's mother Dorita Hastings
Residence of mother (if deceased, so state) IN
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Randall O. Key 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Randall O. Key

New Address 711 Roosevelt St., Plainfield, IN

Subscribed and sworn to before me this 9 day of Nov, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Dena R. Davis 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Dena R. Davis

New Address 711 Roosevelt St., Plainfield, IN

Subscribed and sworn to before me this 9 day of Nov, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 RANDY O. KEY and DENA R. DAVIS

I further certify that the following marriage certificate was filed in my office:

I, SHAN RUTHERFORD (name), certify that on 11-10-90 (date), at GREENWOOD in JOHNSON County, Indiana, RANDY O. KEY of HENDRICKS County, IN (state), and DENA R. DAVIS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-10-90

Signed by: /s/ SHAN RUTHERFORD MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-14-90 (date).

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 634

File _____

Date of Application 11-9-90

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 N/A

Name of Physician _____

MALE APPLICANT

Name Conrad Dee Stephens
Date of Birth 4 18 33
Place of Birth (State or foreign country) IN
Residence Address 604 Ironwood Dr. M.H.
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kevin, Viker

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 Ree Shelden Stephens
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Mildred Marian Smith
Residence of mother (if deceased, so state) Meyersdale IN
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Conrad Stephens 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Conrad Stephens

New Address _____

Subscribed and sworn to before me this 9 day of Nov, 1990
Ronnie Spence Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

FEMALE APPLICANT

Name Marilyn Kay Greer
Date of Birth 3 12 32
Place of Birth (State or foreign country) Wisconsin
Residence Address 526 Cobblestone Rd. Pitts.
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Cynthia, Cory

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 George Peter Van Laarhoven
Residence of father (if deceased, so state) The Rivers Wisconsin
Birthplace of father (State or foreign country) Holland-Europe
(b) Full maiden name of applicant's mother Phyllis Marion Mesman
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) Wisconsin

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Marilyn K. Greer 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Marilyn K. Greer

New Address _____

Subscribed and sworn to before me this 9 day of Nov, 1990
Ronnie Spence Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 CONRAD D. STEPHENS and MARILYN K. GREER.

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 in HENDRICKS County, Indiana, CONRAD D. STEPHENS of HENDRICKS County, IN (state), and MARILYN K. GREER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-9-90.

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 11-9-90 (date).

Signed Ronnie Spence Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 635

File _____

Date of Application 11-9-90

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 11-7-90
Name of Physician Connie Med. Care Inc.

MALE APPLICANT

Name Stephen First W. Middle Turner Last
Date of Birth 5 Month 9 Day 57 Year
Place of Birth (State or foreign country) OH
Residence Address 3323 Hillman Dr. Piquette 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) Dr. L. J. W.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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: Shannon, Jefferson, Shelley
- (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) _____
- (a) Full name of applicant's father Robert W. Turner
Residence of father (if deceased, so state) Polkville OH
Birthplace of father (State or foreign country) OH
(b) Full maiden name of applicant's mother Alice Delores Houser
Residence of mother (if deceased, so state) Dalton Florida
Birthplace of mother (State or foreign country) OH

FEMALE APPLICANT

Name Christina First K. Middle Gasaway Last
Date of Birth 9 Month 27 Day 55 Year
Place of Birth (State or foreign country) IN
Residence Address same Street or R.R. City County State
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. L. J. W.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children: Wendy, Scott
- (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) _____
- (a) Full name of applicant's father Donald W. Walker
Residence of father (if deceased, so state) Kokomo Ind
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Mary Turner
Residence of mother (if deceased, so state) same
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Stephen W. Turner 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.

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 Stephen W. Turner

New Address _____

Subscribed and sworn to before me this 9 day of Nov. 1990
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Christina K. Gasaway 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.

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 Christina K. Gasaway

New Address _____

Subscribed and sworn to before me this 9 day of Nov. 1990
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 _____ Stephen W. Turner and _____ Christina K. Gasaway.

I further certify that the following marriage certificate was filed in my office:

I, Bradford F. Purdy (name), certify that on 12-22-90 (date), at St. Luke's U.C. in Marion County, Indiana, Stephen W. Turner of Hendricks County, Indiana (state), and Christina K. Gasaway 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 11-9-90.

Signed by: Bradford F. Purdy, Clergyman (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 1-7-91 (date).

Signed Connie Dawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 435

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 Blum Med. Clinic

| MALE APPLICANT | | FEMALE APPLICANT | |
|---|---|---|---|
| Name | First <u>Paul</u> Middle <u>A</u> Last <u>Hall</u> | Name | First <u>Gina</u> Middle <u>A</u> Last <u>Latta</u> |
| Date of Birth | Month <u>7</u> Day <u>16</u> Year <u>66</u> | Date of Birth | Month <u>3</u> Day <u>4</u> Year <u>69</u> |
| Place of Birth (State or foreign country) | <u>Alaska</u> | Place of Birth (State or foreign country) | <u>Illinois</u> |
| Residence Address | Street or R.R. <u>2014 Lexington Dr. Apt. 1609</u> City <u>Madison</u> State <u>Alabama</u> | Residence Address | Street or R.R. <u>18 Waverly Ln.</u> City <u>Birmingham</u> State <u>Alabama</u> |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Rie</u> | Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Rie</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 applicant's father: <u>James Hall Jr.</u> Residence of father (if deceased, so state): <u>Madison, Ala.</u> Birthplace of father (State or foreign country): <u>Ala.</u> (b) Full maiden name of applicant's mother: <u>Katherine Ann Miller</u> Residence of mother (if deceased, so state): <u>Same</u> Birthplace of mother (State or foreign country): <u>OH</u> | | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children: <u>Brian James</u> _____ 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: <u>James Edwin Latta</u> Residence of father (if deceased, so state): <u>Birmingham</u> Birthplace of father (State or foreign country): <u>Ala.</u> (b) Full maiden name of applicant's mother: <u>Patricia Nicole McFar</u> Residence of mother (if deceased, so state): <u>Same</u> Birthplace of mother (State or foreign country): <u>Ala.</u> | |
| ACKNOWLEDGMENT I acknowledge that I have received information regarding 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 <u>[Signature]</u> Date <u>11-9-90</u> | | ACKNOWLEDGMENT I acknowledge that I have received information regarding 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 <u>[Signature]</u> Date <u>11-9-90</u> | |
| The 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>[Signature]</u> New Address _____ Subscribed and sworn to before me this <u>9</u> day of <u>Nov.</u> , 19 <u>90</u> <u>[Signature]</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>[Signature]</u> New Address _____ Subscribed and sworn to before me this <u>9</u> day of <u>Nov.</u> , 19 <u>90</u> <u>[Signature]</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ _____ State of Indiana <u>HENDRICKS</u>) ss: County of _____) Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk | | CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ _____ State of Indiana <u>HENDRICKS</u>) ss: County of _____) Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk | |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 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 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 Circuit Court of HENDRICKS County, Indiana, dated 11-10-90.

Signed by: /s/ GEORGE PURNELL, PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-13-90 (date).

Signed [Signature] Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 637File 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 11-8-90
Name of Physician Loutrel

| MALE APPLICANT | FEMALE APPLICANT |
|--|---|
| Name <u>William Sherwood Winneshiek</u> | Name <u>Robin Denise McNish</u> |
| Date of Birth <u>July 19 1950</u> | Date of Birth <u>Oct 4 1953</u> |
| Place of Birth (State or foreign country) <u>Franklin, Germany</u> | Place of Birth (State or foreign country) <u>Indiana</u> |
| Residence Address <u>112 S. Main St. Seymour, Champaign IL</u> | Residence Address <u>112 S. Main St. Seymour, Champaign IL</u> |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | (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 <u>William Sherwood Winneshiek</u> Residence of father (if deceased, so state) <u>IL</u> Birthplace of father (State or foreign country) <u>Penn</u> | 7. (a) Full name of applicant's father <u>William Benjamin Jackson</u> Residence of father (if deceased, so state) <u>IL</u> Birthplace of father (State or foreign country) <u>Ky</u> |
| (b) Full maiden name of applicant's mother <u>Margaret C. Spatz</u> Residence of mother (if deceased, so state) <u>IL</u> Birthplace of mother (State or foreign country) <u>Penn</u> | (b) Full maiden name of applicant's mother <u>Norma Lee Deenard</u> Residence of mother (if deceased, so state) <u>IL</u> Birthplace of mother (State or foreign country) <u>Ind</u> |
| 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 <u>W. S. Winneshiek</u> Date <u>11-9-90</u> | I acknowledge that I have received information regarding 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 <u>Robin D. McNish</u> Date <u>11-9-90</u> |
| The 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>W. S. Winneshiek</u> New Address <u>112 S. Main St. Seymour, IL 61875</u> | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Robin D. McNish</u> New Address <u>112 S. Main St. Seymour, IL 61875</u> |
| Subscribed and sworn to before me this <u>9</u> day of <u>Nov</u> , 19 <u>90</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | Subscribed and sworn to before me this <u>9</u> day of <u>Nov</u> , 19 <u>90</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ Clerk _____ | State of Indiana <u>HENDRICKS</u>) ss: Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ Clerk _____ |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 WILLIAM S. WINNESHIEK JR. and 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 in HENDRICKS County, Indiana, WILLIAM S. WINNESHIEK JR. of CHAMPAIGN County, IL (state), and ROBIN D. McNish of CHAMPAIGN 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 11-9-90.

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 11-9-90 (date).

Signed Connie Lawson 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

No. 638

File _____

HENDRICKS County

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 10-23-90
Name of Physician D. Harris

| MALE APPLICANT | | | | | FEMALE APPLICANT | | | | |
|---|--|--|--|--|---|--|--|--|--|
| Name <u>John</u> First <u>Robert</u> Middle <u>Stumph</u> Last | | | | | Name <u>Nancy</u> First <u>J.</u> Middle <u>Snyder</u> Last | | | | |
| Date of Birth <u>12</u> Month <u>28</u> Day <u>62</u> Year | | | | | Date of Birth <u>10</u> Month <u>1</u> Day <u>61</u> Year | | | | |
| Place of Birth (State or foreign country) <u>IN</u> | | | | | Place of Birth (State or foreign country) <u>IN</u> | | | | |
| Residence Address <u>2977 W. 3000. Brownsburg Ind.</u> Street or R.R. City County State | | | | | Residence Address <u>47 Robinwood Dr. Brownsburg</u> Street or R.R. City County State | | | | |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | | | | | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Harris</u> | | | | | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Harris</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | | | | | (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 <u>John Russell Stumph</u> Residence of father (if deceased, so state) <u>Brownsburg Ind.</u> Birthplace of father (State or foreign country) <u>IN</u> | | | | | 7. (a) Full name of applicant's father <u>Ernest Stephen Snyder</u> Residence of father (if deceased, so state) <u>Brownsburg Ind.</u> Birthplace of father (State or foreign country) <u>Ind.</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Marjorie Karen Abbott</u> Residence of mother (if deceased, so state) <u>Ind.</u> Birthplace of mother (State or foreign country) <u>IN</u> | | | | | (b) Full maiden name of applicant's mother <u>Viola Jane Kimmel</u> Residence of mother (if deceased, so state) <u>Ind.</u> Birthplace of mother (State or foreign country) <u>Ind.</u> | | | | |
| 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 <u>[Signature]</u> Date <u>11/9/90</u> | | | | | I acknowledge that I have received information regarding 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 <u>[Signature]</u> Date <u>11/9/90</u> | | | | |
| The 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>[Signature]</u> New Address _____ | | | | | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>[Signature]</u> New Address <u>47 Robinwood Dr Brownsburg, IN 46112</u> | | | | |
| Subscribed and sworn to before me this <u>9</u> day of <u>Nov</u> , 19 <u>90</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | | | | Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk of the <u>HENDRICKS</u> Circuit Court | | | | |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: County of _____) Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk | | | | | State of Indiana <u>HENDRICKS</u>) ss: County of _____) Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk | | | | |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JOHN R. STUMPH and NANCY J. SNYDER.

I further certify that the following marriage certificate was filed in my office:

I, ROLAND PHILLIPS (name), certify that on 12-29-90 (date), at NORTH SALEM in HENDRICKS County, Indiana, JOHN R. STUMPH of HANCOCK County, IN (state), and NANCY J. SNYDER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-29-90.

Signed by: /s/ ROLAND PHILLIPS MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 1-2-91 (date).

Signed [Signature] Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 639File 11-13-90

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 10-27-90
Name of Physician Thomas Walker M.D.

MALE APPLICANT

Name Bradley Wayne Baugh
Date of Birth 3 25 63
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 535 N Jessup Plainfield, In.
Previous Marital Status: Never Married OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you 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.

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 Jackie Joseph Baugh
Residence of father (if deceased, so state) Plainfield, In.
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Alta Gaynell Hahn
Residence of mother (if deceased, so state) Plainfield, In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Jodina Renae Lach
Date of Birth 2 22 69
Place of Birth (State or foreign country) Indianapolis In.
Residence Address 108 Diana Dr. Brownsburg, In.
Previous Marital Status: Never Married OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you 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? 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 father Charles Robert Lach
Residence of father (if deceased, so state) Brownsburg, In.
Birthplace of father (State or foreign country) Pa.

(b) Full maiden name of applicant's mother Pamela Kay McLary
Residence of mother (if deceased, so state) Brownsburg, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Bradley W. Baugh 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.

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 Bradley W. Baugh
New Address 250 N. East St #306

Subscribed and sworn to before me this 13th day of Nov, 1990
Connie Lawen Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jodi R. Lach 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.

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 Jodi R. Lach
New Address 250 N. East St #306 Pfield 46168

Subscribed and sworn to before me this 13th day of Nov, 1990
Connie Lawen Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 BRADLEY WAYNE BAUGH and JODINA RENAE LACH.

I further certify that the following marriage certificate was filed in my office:

I, DONALD TYLER (name), certify that on 11-16-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, BRADLEY WAYNE BAUGH of HENDRICKS County, IN (state), and JODINA RENAE LACH of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-16-90.

Signed by: /s/ DONALD TYLER MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-19-90 (date).

Signed Connie Lawen 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

No. 640

File _____

Date of Application 11-13-90

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 11-9-90Name of Physician Josue J. Villata

MALE APPLICANT

Name Brian First Lee Middle Willis Last
Date of Birth 3 Month 7 Day 74 Year
Place of Birth (State or foreign country) IN
Residence Address Taylor Court Danville Ind Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ 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. _____

- 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 William Lee Willis
Residence of father (if deceased, so state) Ind. Ill.
Birthplace of father (State or foreign country) IN
 - Full maiden name of applicant's mother Dorothy Marie Bowdler
Residence of mother (if deceased, so state) Ind.
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Brian Willis 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Brian Willis

New Address 1210 Mingus Lane Danville Ind.

Subscribed and sworn to before me this 13 day of Nov, 19 90
Janice S. Chileski Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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 William J. Willis Sr. Father

Signed Dorothy M. Willis Mother

Subscribed and sworn to before me this 13 day of Nov, 19 90
Janice S. Chileski Clerk

FEMALE APPLICANT

Name Tamara First Lynn Middle Moore Last
Date of Birth 9 Month 2 Day 90 Year
Place of Birth (State or foreign country) IN
Residence Address Danville 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) _____

- Are you now 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 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? No ☒ Yes ☐
- List 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 Ernie Lee Moore
Residence of father (if deceased, so state) Ind. Ill.
Birthplace of father (State or foreign country) IN
 - Full maiden name of applicant's mother Thelma Margaretta Hodges
Residence of mother (if deceased, so state) Ind.
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Tamara Moore 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Tamara Moore

New Address _____

Subscribed and sworn to before me this 13 day of Nov, 19 90
Janice S. Chileski Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the Hendricks County Danville Court, by written order issued Janice S. Chileski and filed in Danville, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 BRIAN LEE WILLIS and

TAMARA LYNN MOORE.

I further certify that the following marriage certificate was filed in my office:

I, JANICE S. CHILEWSKI (name), certify that on 12-6-90 (date), at DANVILLE in HENDRICKS County, Indiana, BRIAN LEE WILLIS of HENDRICKS County, IN (state), and TAMARA LYNN MOORE of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-6-90.

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 Janice S. Chileski Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 641

File _____

Date of Application Nov. 14, 1990

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-13-90
Name of Physician Andrew D. Wick MD.

| MALE APPLICANT | |
|---|--|
| Name | First <u>Gregory</u> Middle <u>D.</u> Last <u>Acton</u> |
| Date of Birth | Month <u>Sept.</u> Day <u>33</u> Year <u>1960</u> |
| Place of Birth (State or foreign country) | <u>Marion Co. Ind.</u> |
| Residence Address | Street or R.R. <u>10433 W. Stafford Rd. (Hwy 40)</u> City <u>Danpos</u> State <u>Ind.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver License</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>Leshie Darnell Acton</u> |
| Residence of father (if deceased, so state) | <u>Plainfield, Ind.</u> |
| Birthplace of father (State or foreign country) | <u>Michigan</u> |
| (b) Full maiden name of applicant's mother | <u>Barbara Jean Whitaker</u> |
| Residence of mother (if deceased, so state) | <u>Plainfield, Ind.</u> |
| Birthplace of mother (State or foreign country) | <u>Indiana</u> |

| FEMALE APPLICANT | |
|--|--|
| Name | First <u>La Chelle</u> Middle <u>M.</u> Last <u>Wells</u> |
| Date of Birth | Month <u>4th</u> Day <u>7</u> Year <u>1964</u> |
| Place of Birth (State or foreign country) | <u>Putnam Co. Ind.</u> |
| Residence Address | Street or R.R. <u>3521 Rybolt #C</u> City <u>Danpos</u> State <u>Ind.</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver License</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>Ernest Lloyd Wells</u> |
| Residence of father (if deceased, so state) | <u>Lafayette, Ind.</u> |
| Birthplace of father (State or foreign country) | <u>Indiana</u> |
| (b) Full maiden name of applicant's mother | <u>Joyce Marie Miller</u> |
| Residence of mother (if deceased, so state) | <u>Greencastle, Ind.</u> |
| Birthplace of mother (State or foreign country) | <u>Indiana</u> |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Gregory D. Acton 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Gregory D. Acton

New Address SAME

Subscribed and sworn to before me this 14 day of Nov., 19 90
Cornie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Rachelle 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Rachelle Wells

New Address 3521 Rybolt #C Danpos, Ind. 46222

Subscribed and sworn to before me this 14 day of Nov., 19 90
Cornie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-14-90, authorizing the marriage of GREGORY D. ACTON and LA CHELLE M. WELLS.

I further certify that the following marriage certificate was filed in my office:

I, PAUL H. BOWEN (name), certify that on 11-24-90 (date), at GREENCASTLE in PUTNAM County, Indiana, GREGORY D. ACTON of HENDRICKS County, IN (state), and LA CHELLE M. WELLS 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.

Signed by: /s/ PAUL H. BOWEN, SR. PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-28-90 (date).

Signed Cornie Lawson 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

No. 642

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 11-8-90Name of Physician Dr. Hager

MALE APPLICANT

Name Shawn First Owen Middle Amothers Last
Date of Birth April Month 20 Day 1972 Year
Place of Birth (State or foreign country) Indiana
Residence Address 1000 107 Street or R.R. Stilesville City Hendricks County Ind State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ 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. _____

- 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 Ronald Stanley Smothers
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
 - Full maiden name of applicant's mother Candace Evelyn Flint
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Shawn O. Smothers 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.

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

X Signed Shawn O. Smothers

New Address same

Subscribed and sworn to before me this 14 day of Nov, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana _____) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

FEMALE APPLICANT

Name Angela First Hope Middle Reitzel Last
Date of Birth July Month 12 Day 1972 Year
Place of Birth (State or foreign country) Indiana
Residence Address 1000 107 Street or R.R. Stilesville City Hendricks County Ind State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ 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 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? No ☒ Yes ☐
- List 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 Ronald Keith Reitzel
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
 - Full maiden name of applicant's mother Jessie Lynn Garrett
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Angela H. Reitzel 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.

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

X Signed Angela H. Reitzel

New Address same

Subscribed and sworn to before me this 14 day of Nov, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana _____) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-14-90, authorizing the marriage of SHAWN SMOTHERS and ANGELA REITZEL.

I further certify that the following marriage certificate was filed in my office:

I, CHARLES R. BLAISDELL (name), certify that on 11-17-90 (date), at STILESVILLE in HENDRICKS County, Indiana, SHAWN SMOTHERS of HENDRICKS County, IN (state), and ANGELA 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 11-19-90.

Signed by: /s/ CHARLES R. BLAISDELL MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-20-90 (date).

Signed Connie Lawson Clerk
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 Joseph A. Thompson

MALE APPLICANT

Name Richard First Allen Middle Hines Last
Date of Birth April Month 2 Day 1941 Year
Place of Birth (State or foreign country) Louisiana
Residence Address P.R. # Box 73, Dayton, In. 46149
Previous Marital Status: Never Married ☐ OR ☒

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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. No

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 Walter Hines (Adoptive)
Residence of father (if deceased, so state) In.
Birthplace of father (State or foreign country) _____

(b) Full maiden name of applicant's mother Gertrude Estelle Baker (Adoptive)
Residence of mother (if deceased, so state) In.
Birthplace of mother (State or foreign country) _____

FEMALE APPLICANT

Name Mary First Alex Middle Roberts Last
Date of Birth May Month 25 Day 1941 Year
Place of Birth (State or foreign country) Nashville Tennessee
Residence Address P.R. # Box 106C Dayton In 46149
Previous Marital Status: Never Married ☐ OR ☒

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children. No

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 Beecher Alexander Brewington, Sr.
Residence of father (if deceased, so state) Dec.
Birthplace of father (State or foreign country) Tennessee

(b) Full maiden name of applicant's mother Clara Enola Buchanan
Residence of mother (if deceased, so state) In.
Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [Signature] 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed [Signature]

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [Signature] 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.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed [Signature]

New Address _____

Subscribed and sworn to before me this _____ 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____
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 HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-14-90, authorizing the marriage of RICHARD ALLEN HINES and MARY ALEX ROBERTS.

I further certify that the following marriage certificate was filed in my office:

I, VERNON J. STOVER JR. (name), certify that on 11-24-90 (date), at INDIANAPOLIS in MARION County, Indiana, RICHARD ALLEN HINES of HENDRICKS County, IN (state), and MARY ALEX ROBERTS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-24-90

Signed by: /s/ VERNON J. STOVER JR. MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-27-90 (date).

Signed [Signature] Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 644
File _____
Date of Application 11-14-90

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 11-5-90
Name of Physician Dr. Brown

| MALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Brown</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children. <u>April, Kelly</u> | | | | |
| 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 <u>Harry Cecil Hagan</u> Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>IN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Dorothy Mildred Sipe</u> Residence of mother (if deceased, so state) <u>Bloomington, IN</u> Birthplace of mother (State or foreign country) <u>IN</u> | | | | |

| FEMALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Brown</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>George Walter Atkinson</u> Residence of father (if deceased, so state) <u>Speedway, IN</u> Birthplace of father (State or foreign country) <u>IN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Ada Katherine Pirtle</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IN</u> | | | | |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding 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 <u>Ronald C. Hagan</u> | Date <u>11/14/90</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court _____ | Date _____ |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Ronald C. Hagan</u> | |
| New Address <u>Same as Above</u> | |
| Subscribed and sworn to before me this <u>14</u> day of <u>Nov</u> , 19 <u>90</u> | Clerk of the <u>HENDRICKS</u> Circuit Court |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant <u>E. Elaine Atkinson</u> | Date <u>11/14/90</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court _____ | Date _____ |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>E. Elaine Atkinson</u> | |
| New Address <u>1118 Brunswick Court</u> | |
| Subscribed and sworn to before me this <u>14</u> day of <u>Nov</u> , 19 <u>90</u> | Clerk of the <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--|
| We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ | |
| State of Indiana <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: | |
| Signed _____ Father | |
| Signed _____ Mother | |
| Subscribed and sworn to before me this _____ day of _____, 19____ | |
| Clerk _____ | |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

| RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE | |
|---|--|
| I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>11-14-90</u> , authorizing the marriage of <u>RONALD C. HAGAN</u> and <u>A. ELAINE ATKINSON</u> . | |
| I further certify that the following marriage certificate was filed in my office: | |
| I, <u>GEORGE W. ATKINSON</u> (name), certify that on <u>11-23-90</u> (date), at <u>INDIANAPOLIS</u> in <u>MARION</u> County, Indiana, <u>RONALD C. HAGAN</u> of <u>HENDRICKS</u> County, <u>IN</u> (state), and <u>A. ELAINE ATKINSON</u> of <u>MARION</u> County, <u>IN</u> (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>11-23-90</u> . | |
| Signed by: <u>/s/ GEORGE W. ATKINSON</u> , <u>PASTOR-RETIRED</u> (official designation) | |
| Filed and recorded in accordance with the laws of the State of Indiana on <u>11-27-90</u> (date). | |
| Signed <u>_____</u> Clerk | |
| <u>HENDRICKS</u> Circuit Court | |

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 645

File _____

Date of Application 11-14-90

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 10-23-90
Name of Physician Thomas G. Moore

| MALE APPLICANT | | | | | FEMALE APPLICANT | | | | |
|---|--|--|--|--|---|--|--|--|--|
| Name <u>Neil</u> First <u>L</u> Middle <u>McGough</u> Last | | | | | Name <u>Beth</u> First <u>A.</u> Middle <u>Barton</u> Last | | | | |
| Date of Birth _____ Month <u>5</u> Day <u>20</u> Year <u>50</u> | | | | | Date of Birth _____ Month <u>8</u> Day <u>21</u> Year <u>62</u> | | | | |
| Place of Birth (State or foreign country) <u>IN</u> | | | | | Place of Birth (State or foreign country) <u>IN</u> | | | | |
| Residence Address _____ Street or R.R. _____ City _____ County _____ State _____ | | | | | Residence Address _____ Street or R.R. _____ City _____ County _____ State _____ | | | | |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | | Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. file</u> | | | | | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. file</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children. <u>Diana, Carol, Michael</u> | | | | | 5. List the full names of any dependent children. <u>Charles</u> | | | | |
| 6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | | | | | (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 <u>Edward F. McGough</u> Residence of father (if deceased, so state) <u>Japan IN</u> Birthplace of father (State or foreign country) <u>OH</u> | | | | | 7. (a) Full name of applicant's father <u>Charles Morton</u> Residence of father (if deceased, so state) <u>Bremen IN</u> Birthplace of father (State or foreign country) <u>IN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Vivian F. Stanley</u> Residence of mother (if deceased, so state) <u>Japan IN</u> Birthplace of mother (State or foreign country) <u>IN</u> | | | | | (b) Full maiden name of applicant's mother <u>Leah E. Barker</u> Residence of mother (if deceased, so state) <u>Bremen IN</u> Birthplace of mother (State or foreign country) <u>IN</u> | | | | |
| 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 <u>X Neil McGough</u> Date <u>11-14-90</u> | | | | | Signature of Applicant <u>X Beth Barton</u> Date <u>11-14-90</u> | | | | |
| 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | | | | | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | | | | |
| Signed <u>X Neil McGough</u> | | | | | Signed <u>X Beth Barton</u> | | | | |
| New Address _____ | | | | | New Address <u>SAME AS ABOVE</u> | | | | |
| Subscribed and sworn to before me this <u>14</u> day of <u>Nov.</u> , 19 <u>90</u> <u>Connie Hansen</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | | | | Subscribed and sworn to before me this <u>14</u> day of <u>Nov.</u> , 19 <u>90</u> <u>Connie Hansen</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | | | |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: _____ | | | | | State of Indiana <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-14-90, authorizing the marriage of NEIL MC GOUGH and BETH A. BARTON.

I further certify that the following marriage certificate was filed in my office:

I, STEPHEN WHITE (name), certify that on 11-17-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, NEIL MC GOUGH of HENDRICKS County, IN (state), and BETH A. BARTON of HENDRICKS County, IN (state) were 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: /s/ STEPHEN WHITE, MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-20-90 (date).

Signed Connie Hansen 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

No. 646
File _____
Date of Application 11-15-90

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 10-12-90
Name of Physician J.C. Berlin, M.D.

| MALE APPLICANT | | FEMALE APPLICANT | |
|--|--|--|--|
| Name | First <u>Lance</u> Middle <u>G.</u> Last <u>Ferrell</u> | Name | First <u>Tracy</u> Middle <u>Lee</u> Last <u>Alberti</u> |
| Date of Birth | Month <u>3</u> Day <u>28</u> Year <u>64</u> | Date of Birth | Month <u>8</u> Day <u>28</u> Year <u>65</u> |
| Place of Birth (State or foreign country) | <u>IND</u> | Place of Birth (State or foreign country) | <u>Columbus, In.</u> |
| Residence Address | Street or R.R. <u>1419 Pierce Dr.</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>IN</u> | Residence Address | Street or R.R. <u>1419 Pierce Dr.</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>IN</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Berlin</u> | Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Berlin</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> | If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 father | <u>Lance G. Ferrell</u> | 7. (a) Full name of applicant's father | <u>Richard Dean Alberti</u> |
| Residence of father (if deceased, so state) | <u>IND</u> | Residence of father (if deceased, so state) | <u>Columbus, In.</u> |
| Birthplace of father (State or foreign country) | <u>IND</u> | Birthplace of father (State or foreign country) | <u>Indiana</u> |
| (b) Full maiden name of applicant's mother | <u>Janet Sue Stone</u> | (b) Full maiden name of applicant's mother | <u>Janet Sue Hobson</u> |
| Residence of mother (if deceased, so state) | <u>IND</u> | Residence of mother (if deceased, so state) | <u>Columbus, In.</u> |
| Birthplace of mother (State or foreign country) | <u>IND</u> | Birthplace of mother (State or foreign country) | <u>Indiana</u> |
| 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 <u>Lance G. Ferrell</u> Date <u>11-15-90</u> | | Signature of Applicant <u>Tracy Alberti</u> Date <u>11-15-90</u> | |
| 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Lance G. Ferrell</u> | | Signed <u>Tracy Alberti</u> | |
| New Address _____ | | New Address <u>same as above</u> | |
| Subscribed and sworn to before me this <u>15</u> day of <u>Nov.</u> 19 <u>90</u> | | Subscribed and sworn to before me this <u>15</u> day of <u>Nov.</u> 19 <u>90</u> | |
| <u>Connie L. Spanton</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | <u>Connie L. Spanton</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: | | State of Indiana <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-15-90, authorizing the marriage of LANCE G. FERRELL and TRACY LEE ALBERTI.

I further certify that the following marriage certificate was filed in my office:

I, ROBERT D. SPANTON JR. (name), certify that on 12-15-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, LANCE G. FERRELL of HENDRICKS County, IN (state), and TRACY LEE ALBERTI of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-15-90.

Signed by: /s/ ROBERT D. SPANTON JR. MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 12-18-90 (date).

Signed Connie L. Spanton Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 647

File

11-15-90
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 H. Edwin Campbell

| MALE APPLICANT | | | | |
|---|----------------|-------------|--------|-------|
| Name | First | Middle | Last | |
| | Michael | D. | Hinkle | |
| Date of Birth | Month | Day | Year | |
| | 5 | 12 | 48 | |
| Place of Birth (State or foreign country) <u>IL</u> | | | | |
| Residence Address | Street or R.R. | City | County | State |
| | 7095 E. 8000. | Bloomington | IND | |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children: <u>John, Jeremy</u> | | | | |
| 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 <u>Harold Dean Hinkle</u> | | | | |
| Residence of father (if deceased, so state) <u>Lebanon, IN</u> | | | | |
| Birthplace of father (State or foreign country) <u>IL</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Wanda Gene Baker</u> | | | | |
| Residence of mother (if deceased, so state) <u>Lebanon</u> | | | | |
| Birthplace of mother (State or foreign country) <u>IL</u> | | | | |

| FEMALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| | Kimberly | D. | Jones | |
| Date of Birth | Month | Day | Year | |
| | 5 | 22 | 57 | |
| Place of Birth (State or foreign country) <u>IN</u> | | | | |
| Residence Address | Street or R.R. | City | County | State |
| | 5 Jones | | | |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children: <u>Brett</u> | | | | |
| 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 <u>William D. O'Donovan</u> | | | | |
| Residence of father (if deceased, so state) <u>Bloomington</u> | | | | |
| Birthplace of father (State or foreign country) <u>IN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Mary Katherine Brandon</u> | | | | |
| Residence of mother (if deceased, so state) <u>Lebanon</u> | | | | |
| Birthplace of mother (State or foreign country) <u>IN</u> | | | | |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding 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 | <u>Michael D. Hinkle</u> Date <u>11/15/90</u> |
| The above applicant has 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 ss: I swear/affirm that the information given in this application is true and correct. |
| County of | |
| Signed | <u>Michael D. Hinkle</u> |
| New Address | _____ |
| Subscribed and sworn to before me this | <u>15</u> day of <u>Nov.</u> , 19 <u>90</u> |
| | <u>Loisie Spawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>Kimberly D. Jones</u> Date <u>11-15-90</u> |
| The above applicant has 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 ss: I swear/affirm that the information given in this application is true and correct. |
| County of | |
| Signed | <u>Kimberly D. Jones</u> |
| New Address | _____ |
| Subscribed and sworn to before me this | <u>15</u> day of <u>Nov.</u> , 19 <u>90</u> |
| | <u>Loisie Spawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|----------------------------|
| We, the parents of this applicant, hereby give 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 |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|----------------------------|
| We, the parents of this applicant, hereby give 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 |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-15-90, 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. FRANSDEN (name), certify that on 1-1-91 (date), at LEBANON in BOONE County, Indiana, MICHAEL DEAN HINKLE of HENDRICKS County, IN (state), and KIMBERLY DUNCAN JONES of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 1-1-91.

Signed by: /s/ KENT FRANSDEN, JUDGE PRO-TEM (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 1-4-91 (date).

Signed Loisie Spawson 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

No. 648

File _____

Date of Application 11-15-90

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 11-9-90
Name of Physician J Lee M.D

MALE APPLICANT

Name Herman Forrest Loossa
Date of Birth Month 12 FORREST Day 1 Year 43
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Box 195 Stilesville, In.
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.
Erica Loossa 8 yrs.

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 Ralph Emerson Loossa
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Paul Thomas
Residence of mother (if deceased, so state) Stilesville, In.
Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Herman F. Loossa Date 11-15-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Herman F. Loossa

New Address _____

Subscribed and sworn to before me this 15th day of Nov, 19 90
Connie Lawen Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

FEMALE APPLICANT

Name Lauretta Ilene Magill
Date of Birth Month 6 Day 4 Year 47
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address PO Box 211 Stilesville, In.
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 ☐

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 applicant's father Herman Glee Magill
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Wala Clarene Chiles
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Lauretta I. Magill Date 11-15-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Lauretta I. Magill

New Address _____

Subscribed and sworn to before me this 15th day of Nov, 19 90
Connie Lawen Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-15-90, authorizing the marriage of HERMAN FORREST LOPOSSA and LAURETTA ILENE MAGILL.

I further certify that the following marriage certificate was filed in my office:

I, HOMER E. HENDERSON (name), certify that on 11-21-90 (date), at MT. TABOR CHURCH in MORGAN County, Indiana, HERMAN FORREST LOPOSSA of HENDRICKS County, IN (state), and LAURETTA ILENE MAGILL of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-21-90

Signed by: /s/ HOMER E. HENDERSON MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-26-90 (date).

Signed Connie Lawen Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 649

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 10-19-90Name of Physician Robert Eward, M.D.

| MALE APPLICANT | FEMALE APPLICANT |
|---|---|
| <p>Name <u>Michael</u> First <u>Kent</u> Middle <u>Stilwell</u> Last</p> <p>Date of Birth <u>October</u> Month <u>30</u> Day <u>1965</u> Year</p> <p>Place of Birth (State or foreign country) <u>Winchester Randolph Co. Indiana</u></p> <p>Residence Address <u>7619 Megan Ln. Indianapolis 46256</u> Street or R.R. City County State</p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Driver's License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>No</u></p> <p>6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (State or foreign country) _____</p> <p>(b) Full maiden name of mother of dependent children _____ Residence of mother (if deceased, so state) _____ Birthplace of mother (State or foreign country) _____</p> <p>7. (a) Full name of applicant's father <u>Michael Lee Stilwell</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>same</u></p> <p>(b) Full maiden name of applicant's mother <u>Marion Lynn Simmons</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>same</u></p> | <p>Name <u>Carrie</u> First <u>Elizabeth</u> Middle <u>Counts</u> Last</p> <p>Date of Birth <u>June</u> Month <u>21</u> Day <u>1966</u> Year</p> <p>Place of Birth (State or foreign country) <u>Marion Co. Ind.</u></p> <p>Residence Address <u>5976 Mia Ct. Plainfield, Ind.</u> Street or R.R. City County State</p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Driver's License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>No</u></p> <p>6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (State or foreign country) _____</p> <p>(b) Full maiden name of mother of dependent children _____ Residence of mother (if deceased, so state) _____ Birthplace of mother (State or foreign country) _____</p> <p>7. (a) Full name of applicant's father <u>Clyde Donald Counts</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Ohio</u></p> <p>(b) Full maiden name of applicant's mother <u>Dorothy Sue Roberts</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>West Va.</u></p> |
| ACKNOWLEDGMENT | ACKNOWLEDGMENT |
| <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Michael K Stilwell</u> Date <u>11-16-90</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana) County of <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>Michael K Stilwell</u></p> <p>New Address <u>7619-E Megan Lane, Indpls 46256</u></p> <p>Subscribed and sworn to before me this <u>16th</u> day of <u>Nov</u>, 19 <u>90</u></p> <p><u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> | <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Carrie Elizabeth Counts</u> Date <u>11-16-90</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana) County of <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>Carrie Elizabeth Counts</u></p> <p>New Address <u>7619-E Megan Lane Indpls In 46256</u></p> <p>Subscribed and sworn to before me this <u>16th</u> day of <u>Nov</u>, 19 <u>90</u></p> <p><u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN | CONSENT OF PARENTS, PARENT, OR GUARDIAN |
| <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana) County of <u>HENDRICKS</u>) ss:</p> <p>Signed _____ Father</p> <p>Signed _____ Mother</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____</p> <p>_____ Clerk</p> | <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana) County of <u>HENDRICKS</u>) ss:</p> <p>Signed _____ Father</p> <p>Signed _____ Mother</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____</p> <p>_____ Clerk</p> |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-16-90, authorizing the marriage of MICHAEL KENT STILWELL and CARRIE ELIZABETH COUNTS.

I further certify that the following marriage certificate was filed in my office:

I, ANDREW P. CROWLEY (name), certify that on 11-17-90 (date), at SPEEDWAY in MARION County, Indiana, MICHAEL KENT STILWELL of MARION County, IN (state), and CARRIE ELIZABETH COUNTS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-17-90.

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).

Signed Connie Lawson 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

No. 650
File _____
Date of Application 11-16-90

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 Immediate Care Center

| MALE APPLICANT | | FEMALE APPLICANT | |
|--|--|--|---|
| Name | First <u>Kirk</u> Middle <u>A.</u> Last <u>Wright</u> | Name | First <u>Cheryl</u> Middle <u>A.</u> Last <u>Miller</u> |
| Date of Birth | Month <u>8</u> Day <u>26</u> Year <u>68</u> | Date of Birth | Month <u>12</u> Day <u>21</u> Year <u>69</u> |
| Place of Birth (State or foreign country) | <u>IN</u> | Place of Birth (State or foreign country) | <u>IN</u> |
| Residence Address | Street or R.R. <u>1325 S. Broad St. Indianapolis</u> City <u>Indianapolis</u> County <u>Marion</u> State <u>IN</u> | Residence Address | Street or R.R. <u>5825 E. Maple Ave. Nashville</u> City <u>Nashville</u> County <u>Davidson</u> State <u>TN</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Relic</u> | Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> | If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 father <u>William Dennis Wright</u> | | 7. (a) Full name of applicant's father <u>Roger Allen Miller</u> | |
| Residence of father (if deceased, so state) <u>Indianapolis</u> | | Residence of father (if deceased, so state) <u>Nashville</u> | |
| Birthplace of father (State or foreign country) <u>IN</u> | | Birthplace of father (State or foreign country) <u>IN</u> | |
| (b) Full maiden name of applicant's mother <u>Patty Jo McQuibben</u> | | (b) Full maiden name of applicant's mother <u>Dorothy Ann Coffelt</u> | |
| Residence of mother (if deceased, so state) <u>Same</u> | | Residence of mother (if deceased, so state) <u>South Bend</u> | |
| Birthplace of mother (State or foreign country) <u>IN</u> | | Birthplace of mother (State or foreign country) <u>IN</u> | |
| 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 <u>Kirk Alan Wright</u> Date <u>Nov 16 90</u> | | Signature of Applicant <u>Cheryl Anne Miller</u> Date <u>11/16/90</u> | |
| 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Kirk Alan Wright</u> | | Signed <u>Cheryl Anne Miller</u> | |
| New Address _____ | | New Address _____ | |
| Subscribed and sworn to before me this <u>16</u> day of <u>Nov.</u> 19 <u>90</u> | | Subscribed and sworn to before me this <u>16</u> day of <u>Nov.</u> 19 <u>90</u> | |
| <u>Donna Spurgeon</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | <u>Donna Spurgeon</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: _____ | | State of Indiana <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-19-90, authorizing the marriage of KIRK A. WRIGHT and CHERYL A. MILLER.

I further certify that the following marriage certificate was filed in my office:

I, JOHN C. BEATTY (name), certify that on 11-24-90 (date), at INDIANAPOLIS in MARION County, Indiana, KIRK A. WRIGHT of MARION County, IN (state), and CHERYL A. MILLER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-24-90.

Signed by: /s/ JOHN C. BEATTY PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-28-90 (date).

Signed Donna Spurgeon Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 651

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 11-2-90
Name of Physician Stephen C. Neegw, M.D.

| MALE APPLICANT | FEMALE APPLICANT |
|--|---|
| <p>Name <u>Larry Junior Stepp</u></p> <p>Date of Birth <u>May 24, 1945</u></p> <p>Place of Birth <u>Clinton, Indiana</u></p> <p>Residence Address <u>2323 Second St., Plainfield, In. 46168</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Universal License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>No</u></p> <p>6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (State or foreign country) _____</p> <p>(b) Full maiden name of mother of dependent children _____ Residence of mother (if deceased, so state) _____ Birthplace of mother (State or foreign country) _____</p> <p>7. (a) Full name of applicant's father <u>Virgie Stepp</u> Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Kentucky</u></p> <p>(b) Full maiden name of applicant's mother <u>Bonnie Elizabeth Swingo</u> Residence of mother (if deceased, so state) <u>Arizona</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p> | <p>Name <u>Beverly Jean Stillwell</u></p> <p>Date of Birth <u>September 11, 1958</u></p> <p>Place of Birth <u>Stiles, Marion Co., Indiana</u></p> <p>Residence Address <u>2323 Second St., Plainfield, In. 46168</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Universal License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>No</u></p> <p>6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (State or foreign country) _____</p> <p>(b) Full maiden name of mother of dependent children _____ Residence of mother (if deceased, so state) _____ Birthplace of mother (State or foreign country) _____</p> <p>7. (a) Full name of applicant's father <u>Carl Spiegel</u> Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Unknown</u></p> <p>(b) Full maiden name of applicant's mother <u>Marie Wilhelmina Boger</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p> |
| ACKNOWLEDGMENT | ACKNOWLEDGMENT |
| <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Larry J. Stepp</u> Date <u>11-16-90</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>Larry J. Stepp</u></p> <p>New Address <u>Same</u></p> <p>Subscribed and sworn to before me this <u>16th</u> day of <u>Nov.</u>, 19<u>90</u></p> <p><u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> | <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Beverly J. Stillwell</u> Date <u>11-16-90</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>Beverly J. Stillwell</u></p> <p>New Address <u>Same</u></p> <p>Subscribed and sworn to before me this <u>16th</u> day of <u>Nov.</u>, 19<u>90</u></p> <p><u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> |
| CONSENT OF PARENTS, PARENT, OR GUARDIAN | CONSENT OF PARENTS, PARENT, OR GUARDIAN |
| <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss:</p> <p>Signed _____ Father</p> <p>Signed _____ Mother</p> <p>Subscribed and sworn to before me this _____ day of _____, 19____</p> <p>_____ Clerk</p> | <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana <u>HENDRICKS</u>) ss:</p> <p>Signed _____ Father</p> <p>Signed _____ Mother</p> <p>Subscribed and sworn to before me this _____ day of _____, 19____</p> <p>_____ Clerk</p> |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-16-90, authorizing the marriage of LARRY JUNIOR STEPP and BEVERLY JEAN STILLWELL.

I further certify that the following marriage certificate was filed in my office:

I, MYRON BARNARD (name), certify that on 11-21-90 (date), at INDIANAPOLIS in MARION County, Indiana, LARRY JUNIOR STEPP of HENDRICKS County, IN (state), and BEVERLY JEAN STILLWELL of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-21-90

Signed by: /s/ MYRON BARNARD JUDGE (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-28-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 652

File

11-16-90
Date of Application

561

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court 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 Carrie S. Hardyke

MALE APPLICANT

Name William Albert Redman
Date of Birth 11 Month 28 Day 31 Year
Place of Birth (State or foreign country) Lawrence City, Ill.
Residence Address 4745 E 350 N Danville, In.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father Octie James Redman
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Ky.
(b) Full maiden name of applicant's mother Olivia Paul Doss
Residence of mother (if deceased, so state) Danville, In.
Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant William A. Redman Date 11-16-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS)

Signed William A. Redman
New Address 3733 N 400 E D

Subscribed and sworn to before me this 16th day of Nov, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana _____) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Barbara Jean McRae
Date of Birth 7 Month 11 Day 45 Year
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 3933 N 400 E Danville, In.
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) University

- Are you now 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 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? 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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father James Robertson McRae, Jr.
Residence of father (if deceased, so state) Uncertain
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Alberta Mueller
Residence of mother (if deceased, so state) Indpls, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Barbara Jean McRae Date 11/16/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana _____) ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS)

Signed Barbara Jean McRae
New Address Danville

Subscribed and sworn to before me this 16th day of Nov, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana _____) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-16-90, authorizing the marriage of William Albert Redman and Barbara Jean McRae.

I further certify that the following marriage certificate was filed in my office:

I, Connie Lawson (name), certify that on 11-21-90 (date), at Danville in Hendricks County, Indiana, William Albert Redman of Hendricks County, Indiana (state), and Barbara Jean McRae 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 11-21-90.

Signed by: Connie Lawson Clerk (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-21-90 (date).

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 653

File _____

Date of Application 11-16-90

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 Raymond Aice

MALE APPLICANT

Name Timothy Woodley
Date of Birth 8 17 48
Place of Birth (State or foreign country) IN
Residence Address Box 120 A Ellettsville IN
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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. Kelly, Lin

- 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 Robert John Woodley
Residence of father (if deceased, so state) Shelbyville Ind. OH
Birthplace of father (State or foreign country) OH
 - Full maiden name of applicant's mother Eva Middleton
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name Jeannine A Burton
Date of Birth 7 21 51
Place of Birth (State or foreign country) IN
Residence Address Box 120 A Ellettsville IN
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children. Heather, Joseph

- 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 Gregory Burton
Residence of father (if deceased, so state) Decatur IN
Birthplace of father (State or foreign country) IN
 - Full maiden name of applicant's mother Elma Buchanan
Residence of mother (if deceased, so state) Shelbyville Ind. OH
Birthplace of mother (State or foreign country) OH

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Timothy Woodley Date 11-16-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Timothy Woodley
New Address _____

Subscribed and sworn to before me this 16 day of Nov. 1990
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jeannine Burton Date 11-16-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jeannine Burton 11-16-90
New Address _____

Subscribed and sworn to before me this 16 day of Nov. 1990
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-16-90, authorizing the marriage of TIMOTHY WOODLEY and JEANNINE A. BURTON.

I further certify that the following marriage certificate was filed in my office:

I, TERRY L. JACKSON (name), certify that on 11-17-90 (date), at AMERICAN LEGION in MORGAN County, Indiana, TIMOTHY WOODLEY of HENDRICKS County, IN (state), and JEANNINE A. BURTON of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-17-90.

Signed by: /s/ TERRY L. JACKSON JUDGE (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-20-90 (date).

Signed Connie Dawson 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

No. 654File 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 11-3-90
Name of Physician Dr. Batista

| MALE APPLICANT | | FEMALE APPLICANT | |
|---|---|---|---|
| Name <u>Hubert</u> First <u>William</u> Middle <u>Ralston</u> Last | Name <u>Nicole</u> First <u>Jean</u> Middle <u>Wood</u> Last | Date of Birth <u>December</u> Month <u>10</u> Day <u>1963</u> Year | Date of Birth <u>April</u> Month <u>21</u> Day <u>1970</u> Year |
| Place of Birth (State or foreign country) <u>Indiana</u> | Place of Birth (State or foreign country) <u>Indiana</u> | Residence Address <u>1000 3400th</u> Street or R.R. <u>Laurens</u> City <u>Marion</u> County <u>IN</u> State | Residence Address <u>110 Williams Dr.</u> Street or R.R. <u>Brownsburg</u> City <u>Hendricks</u> County <u>IN</u> State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 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 _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | (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 <u>John William Ralston</u> _____ Residence of father (if deceased, so state) <u>Indiana</u> _____ Birthplace of father (State or foreign country) <u>California</u> _____ | 7. (a) Full name of applicant's father <u>David Eugene Wood</u> _____ Residence of father (if deceased, so state) <u>Indiana</u> _____ Birthplace of father (State or foreign country) <u>Indiana</u> _____ | (b) Full maiden name of applicant's mother <u>Alice Marie Sears</u> _____ Residence of mother (if deceased, so state) <u>Indiana</u> _____ Birthplace of mother (State or foreign country) <u>Kentucky</u> _____ | (b) Full maiden name of applicant's mother <u>Mary Ann Scott</u> _____ Residence of mother (if deceased, so state) <u>Indiana</u> _____ Birthplace of mother (State or foreign country) <u>Illinois</u> _____ |

| 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). | |
| X Signature of Applicant <u>Hubert W. Ralston</u> | Date <u>11-19-90</u> | X Signature of Applicant <u>Nicole J. Wood</u> | Date <u>11-19-90</u> |
| 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 <u>HENDRICKS</u> | ss: _____ | County of <u>HENDRICKS</u> | ss: _____ |
| X Signed <u>Hubert W. Ralston</u> | I swear/affirm that the information given in this application is true and correct. | X Signed <u>Nicole J. Wood</u> | I swear/affirm that the information given in this application is true and correct. |
| New Address <u>same</u> | | New Address <u>same</u> | |
| Subscribed and sworn to before me this <u>19</u> day of <u>Nov</u> , 19 <u>90</u> | | Subscribed and sworn to before me this <u>19</u> day of <u>Nov</u> , 19 <u>90</u> | |
| <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |

| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: _____ | | State of Indiana <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-19-90, 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 in HENDRICKS County, Indiana, HUBERT WILLIAM RALSTON of MARTON 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 Circuit 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).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

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.

Female

Medical Examination or Report Dated 11-13-90

Name of Physician Charles Tripple

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State
Previous Marital Status: Never Married ☐ OR ☒

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Naturalization Papers

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐

If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐

5. List the full names of any dependent children: Abdullah, Fatimah, Mashhour

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: Mohammed El Hattab

Residence of father (if deceased, so state)

Birthplace of father (State or foreign country)

(b) Full maiden name of applicant's mother: Rafiah Abraham

Residence of mother (if deceased, so state)

Birthplace of mother (State or foreign country)

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State
Previous Marital Status: Never Married ☐ OR ☒

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐

If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐

4. Are you now under the influence 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 applicant's father: ABD El Latif

Residence of father (if deceased, so state)

Birthplace of father (State or foreign country)

(b) Full maiden name of applicant's mother: Abeer Rida

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: Ahmed El Hattab Date: 11-19-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed: Ahmed El Hattab

New Address _____

Subscribed and sworn to before me this 19 day of Nov, 1990

Cornie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant: Amira Mashhour Date: 11-19-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.

Signed: Amira Mashhour

New Address _____

Subscribed and sworn to before me this 19 day of Nov, 1990

Cornie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated Nov. 11, 1990, authorizing the marriage of Ahmed M. El Hattab and Amira A. Mashhour.

I further certify that the following marriage certificate was filed in my office:

I, Hamid Karam (name), certify that on January 1, 1991 (date), at Plainfield in Hendricks County, Indiana, Ahmed M. El Hattab of Hendricks County, Indiana (state), and Amira A. Mashhour 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 11-19-90

Signed by: Hamid Karam Director (IMAM) (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 1-9-91 (date).

Signed: Cornie Lawson 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

No. 656

File _____

Nov. 19, 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 11/16/90
Name of Physician Nancy B. Haggard

| MALE APPLICANT | | FEMALE APPLICANT | |
|--|--|--|--|
| Name <u>George B. Abell</u> | Name <u>Betty L. Laliuff</u> | Name <u>Betty L. Laliuff</u> | Name <u>Betty L. Laliuff</u> |
| Date of Birth <u>Nov 6, 1936</u> | Date of Birth <u>June 25, 1943</u> | Date of Birth <u>June 25, 1943</u> | Date of Birth <u>June 25, 1943</u> |
| Place of Birth (State or foreign country) <u>Indiana</u> | Place of Birth (State or foreign country) <u>Indiana</u> | Place of Birth (State or foreign country) <u>Indiana</u> | Place of Birth (State or foreign country) <u>Indiana</u> |
| Residence Address <u>9610 W. Wash. St. (West) Ind.</u> | Residence Address <u>9610 W. Wash. St. (West) Ind.</u> | Residence Address <u>9610 W. Wash. St. (West) Ind.</u> | Residence Address <u>9610 W. Wash. St. (West) Ind.</u> |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driving Lic</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driving Lic</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driving Lic</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driving Lic</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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. | 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 | 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) | Residence of father (if deceased, so state) | 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) | 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 | (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) | Residence of mother (if 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) | Birthplace of mother (State or foreign country) |
| 7. (a) Full name of applicant's father <u>Frank Everett Abell</u> | 7. (a) Full name of applicant's father <u>Effie Bunnell</u> | 7. (a) Full name of applicant's father <u>Effie Bunnell</u> | 7. (a) Full name of applicant's father <u>Effie Bunnell</u> |
| Residence of father (if deceased, so state) <u>deceased</u> | Residence of father (if deceased, so state) <u>deceased</u> | Residence of father (if deceased, so state) <u>deceased</u> | Residence of father (if deceased, so state) <u>deceased</u> |
| Birthplace of father (State or foreign country) <u>Indiana</u> | Birthplace of father (State or foreign country) <u>Kentucky</u> | Birthplace of father (State or foreign country) <u>Kentucky</u> | Birthplace of father (State or foreign country) <u>Kentucky</u> |
| (b) Full maiden name of applicant's mother <u>Melba May Polen</u> | (b) Full maiden name of applicant's mother <u>Alma Alasway McCay</u> | (b) Full maiden name of applicant's mother <u>Alma Alasway McCay</u> | (b) Full maiden name of applicant's mother <u>Alma Alasway McCay</u> |
| Residence of mother (if deceased, so state) <u>deceased</u> | Residence of mother (if deceased, so state) <u>deceased</u> | Residence of mother (if deceased, so state) <u>deceased</u> | Residence of mother (if deceased, so state) <u>deceased</u> |
| Birthplace of mother (State or foreign country) <u>Indiana</u> | Birthplace of mother (State or foreign country) <u>Indiana</u> | Birthplace of mother (State or foreign country) <u>Indiana</u> | Birthplace of mother (State or foreign country) <u>Indiana</u> |
| 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 <u>George B. Abell</u> Date <u>11-19-90</u> | | Signature of Applicant <u>Betty L. Laliuff</u> Date <u>11/19/90</u> | |
| 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>George B. Abell</u> | | Signed <u>Betty L. Laliuff</u> | |
| New Address <u>9610 W. Washington St</u> | | New Address <u>9610 W. Washington St</u> | |
| Subscribed and sworn to before me this _____ day of _____, 19____ | | Subscribed and sworn to before me this _____ day of _____, 19____ | |
| Clerk of the <u>HENDRICKS</u> Circuit Court | | Clerk of the <u>HENDRICKS</u> Circuit Court | |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: | | State of Indiana <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

I 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 GEORGE B. ABELL and BETTY L. LALIOFF.

I further certify that the following marriage certificate was filed in my office:

I, DENNIS L. DODSON (name), certify that on 12-1-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, GEORGE B. ABELL of HENDRICKS County, IN (state), and BETTY L. LALIOFF of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-19-90.

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 Connie Dawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 657

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.

Female

Medical Examination or Report Dated 11-19-90Name of Physician David Haggard

MALE APPLICANT

Name William C. Brewer
Date of Birth 2 11 38
Place of Birth (State or foreign country) Stilesville, In.
Residence Address R.R. 1 Box 123 Monroe, In.
Previous Marital Status: Never Married ☐ OR ☐

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you 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. /

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 Donnie H. Brewer
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Kellana Lincher
Residence of mother (if deceased, so state) Stilesville, In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Marta Ann Cooper
Date of Birth 9 17 42
Place of Birth (State or foreign country) Stilesville, In.
Residence Address PO Box 258 Stilesville, In.
Previous Marital Status: Never Married ☐ OR ☐

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you 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? 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 father Freeman Wendell Goodpaster
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Lillian P. Maperell
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Bill C. Brewer Date _____

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.Signed Bill C. Brewer

New Address _____

Subscribed and sworn to before me this 19th day of Nov, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant _____ Date _____

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.Signed Marta Cooper

New Address _____

Subscribed and sworn to before me this 19th day of Nov, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:Signed Marta Cooper Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-19-90, authorizing the marriage of WILLIAM C. BREWER and MARTHA ANN COOPER.

I further certify that the following marriage certificate was filed in my office:

I, DEL. FOLLIS (name), certify that on 21st Nov. 90 (date), at Monrovia in Morgan County, Indiana, BILL C. BREWER of MORGAN County, INDIANA (state), and MARTHA ANN COOPER 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 11-19-91

Signed by: Del Follis Minister (official designation)Filed and recorded in accordance with the laws of the State of Indiana on 1-9-91 (date).Signed /s/ Connie Lawson ClerkHENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 658
File _____
Date of Application 11-19-90

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 10-26-90
Name of Physician Wills, Cynthia

| MALE APPLICANT | | | | |
|---|-------------------|-----------------|------------------|------------|
| Name | First | Middle | Last | |
| | <u>Robert</u> | <u>Wayne</u> | <u>Jones</u> | |
| Date of Birth | Month | Day | Year | |
| | <u>July</u> | <u>29</u> | <u>1954</u> | |
| Place of Birth (State or foreign country) | <u>Ohio</u> | | | |
| Residence Address | Street or R.R. | City | County | State |
| | <u>8915 RR 39</u> | <u>Danville</u> | <u>Hendricks</u> | <u>Ind</u> |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>Ben Franklin Jones</u> Residence of father (if deceased, so state) <u>Ind.</u> Birthplace of father (State or foreign country) <u>OH.</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Pauline Kelley</u> Residence of mother (if deceased, so state) <u>Ind.</u> Birthplace of mother (State or foreign country) <u>Mo.</u> | | | | |

| FEMALE APPLICANT | | | | |
|--|---------------------|-----------------|------------------|------------|
| Name | First | Middle | Last | |
| | <u>Rebecca</u> | <u>Louise</u> | <u>Larison</u> | |
| Date of Birth | Month | Day | Year | |
| | <u>June</u> | <u>28</u> | <u>1961</u> | |
| Place of Birth (State or foreign country) | <u>Ind.</u> | | | |
| Residence Address | Street or R.R. | City | County | State |
| | <u>468 N. 325th</u> | <u>Danville</u> | <u>Hendricks</u> | <u>Ind</u> |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>Harold Larison</u> Residence of father (if deceased, so state) <u>Danville Ind</u> Birthplace of father (State or foreign country) <u>Ind.</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Helen Lois Applegate</u> Residence of mother (if deceased, so state) <u>Ind.</u> Birthplace of mother (State or foreign country) <u>Ind.</u> | | | | |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Robert W. Jones Date _____

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.

Signed Robert W. Jones
New Address 3844 W. Main St. Danville, Ind
Subscribed and sworn to before me this 19 day of Nov, 19 90
Connie Larison Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Rebecca L. Larison Date _____

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.

Signed Rebecca L. Larison
New Address 3844 W. Main St. Danville, IN
Subscribed and sworn to before me this 19 day of Nov, 19 90
Connie Larison Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-19-90, 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).

Signed Connie Larison Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 659

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 W. C. Stafford, M.D.

MALE APPLICANT

 Name Russell Alvin Jensen II
 Date of Birth Month 3 Day 16 Year 66
 Place of Birth (State or foreign country) Honolulu, Hawaii
 Residence Address Street or R.R. City County State
 1324 Stanley Rd. Plainfield, In.
 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 ☐
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.

 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 Russell Alvin Jensen
 Residence of father (if deceased, so state) Plainfield, In.
 Birthplace of father (State or foreign country) Hawaii

 (b) Full maiden name of applicant's mother Verena Mary Annan
 Residence of mother (if deceased, so state) Plainfield, In.
 Birthplace of mother (State or foreign country) New Zealand

FEMALE APPLICANT

 Name Barbara Dianne Candler
 Date of Birth Month 3 Day 11 Year 70
 Place of Birth (State or foreign country) Louisville, Ky.
 Residence Address Street or R.R. City County State
 3455 1/2 Main St. Danville, In.
 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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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 father Neil William Candler
 Residence of father (if deceased, so state) Danville, In.
 Birthplace of father (State or foreign country) Ky.

 (b) Full maiden name of applicant's mother Elsie Mae Dalton
 Residence of mother (if deceased, so state) Danville, In.
 Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Russell A. Jensen II Date NOV 20, 90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

 State of Indiana)
 County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Russell A. Jensen II

New Address

 Subscribed and sworn to before me this 20 day of NOV, 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)
 County of HENDRICKS) ss:

 Signed Father
 Signed Mother

 Subscribed and sworn to before me this day of 19
 Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Barbara D. Candler Date 11/20/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

 State of Indiana)
 County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Barbara D. Candler

New Address

 Subscribed and sworn to before me this 20 day of Nov, 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)
 County of HENDRICKS) ss:

 Signed Father
 Signed Mother

 Subscribed and sworn to before me this day of 19
 Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-20-90, authorizing the marriage of RUSSELL ALVIN JENSEN, II and BARBARA DIANNE CANDLER.

I further certify that the following marriage certificate was filed in my office:

I, JANICE S. CHILEWSKI (name), certify that on Nov. 20, 1990 (date), at Danville in Hendricks County, Indiana, RUSSELL ALVIN JENSEN, II of HENDRICKS County, INDIANA (state), and BARBARA DIANNE CANDLER 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. Clerk (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on Nov. 20, 1990 (date).

Signed Corinne Lawson Clerk
 HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 660

File _____

Date of Application 11-20-90

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 11-1-90Name of Physician David Haggard M.D.

| MALE APPLICANT | |
|---|---|
| Name | Robert James Smith |
| Date of Birth | Month 12 Day 15 Year 63 |
| Place of Birth (State or foreign country) | Indianapolis, Ind. |
| Residence Address | 5247 Thompson Village Dr. Indpls, Ind. |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's Lic.</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | Henry Lewis Smith |
| Residence of father (if deceased, so state) | Springfield, Ill. |
| Birthplace of father (State or foreign country) | Indiana |
| (b) Full maiden name of applicant's mother | Peggy Marie Gabbeig |
| Residence of mother (if deceased, so state) | Springfield, Ill. |
| Birthplace of mother (State or foreign country) | Indiana |

| FEMALE APPLICANT | |
|--|---|
| Name | Kari Lynn Ferguson |
| Date of Birth | Month 11 Day 27 Year 68 |
| Place of Birth (State or foreign country) | Coatesville, Ind. |
| Residence Address | 5247 R1 Bay 173 Coatesville, Ind. |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's Lic.</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | Jack Douglas Ferguson |
| Residence of father (if deceased, so state) | Coatesville, Ind. |
| Birthplace of father (State or foreign country) | Indiana |
| (b) Full maiden name of applicant's mother | Janece Kay LaDuke |
| Residence of mother (if deceased, so state) | Coatesville, Ind. |
| Birthplace of mother (State or foreign country) | Indiana |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | Robert J. Smith Date <u>11-20-90</u> |
| The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | |
| Signed | Robert J. Smith |
| New Address | |
| Subscribed and sworn to before me this | 20th day of November 1990 |
| Clerk of the | HENDRICKS Circuit Court |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | Kari Ferguson Date <u>11-20-90</u> |
| The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | |
| Signed | Kari Ferguson |
| New Address | 5247 Thompson Village Dr. Indpls, Ind. |
| Subscribed and sworn to before me this | 20th day of Nov. 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 | |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|-----------------|
| We, the parents of this applicant, hereby give 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 | |

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 11-20-90, authorizing the marriage of ROBERT JAMES SMITH and KARI 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, IN (state) were 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.

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).

Signed Connie Luvon Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 661

File

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

Medical Examination or Report Dated 11-16-90Name of Physician Edwards

MALE APPLICANT

Name Herbert First T. Middle L. Last Hale
Date of Birth 5 Month 10 Day 41 Year
Place of Birth (State or foreign country) Kentucky
Residence Address RR 1 Box 447 Street or R.R. Clanton City Clanton County Ind State Ind
Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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. none

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 Marshall Hale
Residence of father (if deceased, so state) Ohio
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Ann Jackson
Residence of mother (if deceased, so state) Ohio
Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name Cynthia First L. Middle Heaton Last Heaton
Date of Birth 2 Month 19 Day 47 Year
Place of Birth (State or foreign country) Indiana
Residence Address RR 1 Box 447 Street or R.R. Clanton City Clanton County Ind State Ind
Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children. none

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 Jimmy J. Starbuck
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Betty Lou Kepplinger
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Herbert T. Hale Date 11-21-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Herbert T. Hale

New Address _____

Subscribed and sworn to before me this 21 day of Nov. 1990
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Cynthia L. Heaton Date 11-21-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Cynthia L. Heaton

New Address _____

Subscribed and sworn to before me this 21 day of Nov. 1990
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-21-90, authorizing the marriage of HERBERT T. HALE and CYNTHIA L. HEATON.

I further certify that the following marriage certificate was filed in my office:

I, JANICE S. CHILEWSKI (name), certify that on 12-6-90 (date), at DANVILLE in HENDRICKS County, Indiana, HERBERT T. HALE of HENDRICKS County, IN (state), and CYNTHIA L. HEATON of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-6-90.

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 12-6-90 (date).

Signed Connie Dawson ClerkHENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 1662
File _____
Date of Application _____

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 11-20-90
Name of Physician Charles Hasbrook

| MALE APPLICANT | |
|---|--|
| Name | First <u>James</u> Middle <u>Kenneth</u> Last <u>Edwards</u> |
| Date of Birth | Month <u>June</u> Day <u>23</u> Year <u>1966</u> |
| Place of Birth (State or foreign country) | <u>Danville, In. Hendricks Co.</u> |
| Residence Address | Street or R.R. <u>R.R.#1 Box 140</u> City <u>Stilesville, In.</u> State <u>46180</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Drivers Lic. Armed Forces ID</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>NO</u> |
| 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 | <u>Harry Michael Edwards</u> |
| Residence of father (if deceased, so state) | <u>In.</u> |
| Birthplace of father (State or foreign country) | <u>In.</u> |
| (b) Full maiden name of applicant's mother | <u>Jo Ann Layman</u> |
| Residence of mother (if deceased, so state) | <u>In.</u> |
| Birthplace of mother (State or foreign country) | <u>In.</u> |

| FEMALE APPLICANT | |
|--|---|
| Name | First <u>Sandra</u> Middle <u>Kay</u> Last <u>Baldauf</u> |
| Date of Birth | Month <u>August</u> Day <u>9</u> Year <u>1965</u> |
| Place of Birth (State or foreign country) | <u>Cuyahoga, Ohio Lorain Co.</u> |
| Residence Address | Street or R.R. <u>304 E. 23rd St.</u> City <u>Lorain, OH</u> State <u>44055</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Drivers License</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | <u>Josha W. Rivera</u> |
| 6. (a) Full name of father of dependent children | <u>Wilson Rivera</u> |
| Residence of father (if deceased, so state) | <u>Oh.</u> |
| Birthplace of father (State or foreign country) | <u>N.Y.</u> |
| (b) Full maiden name of mother of dependent children | <u>Sandra Kay Baldauf</u> |
| Residence of mother (if deceased, so state) | <u>Oh.</u> |
| Birthplace of mother (State or foreign country) | <u>Oh.</u> |
| 7. (a) Full name of applicant's father | <u>Joseph Vincent Bauldout</u> |
| Residence of father (if deceased, so state) | <u>Oh.</u> |
| Birthplace of father (State or foreign country) | <u>Pennsylvania</u> |
| (b) Full maiden name of applicant's mother | <u>Shelia Diane Lamie</u> |
| Residence of mother (if deceased, so state) | <u>Oh.</u> |
| Birthplace of mother (State or foreign country) | <u>Virginia.</u> |

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 James K. Edwards Date Nov 21 1990

ACKNOWLEDGMENT
I acknowledge that I have received information regarding 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 Sandra K. Baldauf Date Nov 21 1990

The 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) 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 James K. Edwards
New Address X

Signed Sandra K. Baldauf
New Address X

Subscribed and sworn to before me this 21st day of Nov., 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

Subscribed and sworn to before me this 21st day of Nov., 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give 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____

Clerk

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the 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 office:

I, Patricia A. Douglass (name), certify that on 11/23/90 (date), at Indianapolis in Marion County, Indiana, James K. Edwards of Hendricks County, Indiana (state), and Sandra Kay Baldauf of Lorain County, Ohio (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated November 23, 1990

Signed by: Patricia A. Douglass, Judge (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on November 26, 1990 (date).

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

572

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3
(Revised-1989)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 663

File _____

HENDRICKS

County

Date of Application _____

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female

Medical Examination or Report Dated _____

Name of Physician David Hadley

MALE APPLICANT

Name Joel Eric Bentley
Date of Birth Jan 10 1967
Place of Birth (State or foreign country) Ind.
Residence Address P.O. Box 16 Cartersburg, Ind.
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 ☐
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. _____

- 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 Don C. Bentley
Residence of father (if deceased, so state) Cartersburg, Ind.
Birthplace of father (State or foreign country) Tenn.
 - Full maiden name of applicant's mother Nancy Western
Residence of mother (if deceased, so state) Ind.
Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name Angela Marie Allen
Date of Birth April 28 1968
Place of Birth (State or foreign country) Ind.
Residence Address P.O. Box 16 Cartersburg, Ind.
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? No ☒ Yes ☐
- List 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 Howard W. Allen
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Ind.
 - Full maiden name of applicant's mother Patricia Haggard
Residence of mother (if deceased, so state) Indpls, Ind.
Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Joel E. Bentley Date 11-21-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Joel E. Bentley
New Address P.O. Box 16 Cartersburg 46114

Subscribed and sworn to before me this 21 day of Nov, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Angela Marie Allen Date 11-21-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Angela M. Allen
New Address P.O. Box 16 Cartersburg 46114

Subscribed and sworn to before me this 21 day of Nov, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-27-90, authorizing the marriage of 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 HENDRICKS 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).

Signed Connie Lawson 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

No. 664

File _____

Date of Application 11-21-90

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 11-15-90
Name of Physician Robert D. Diello

MALE APPLICANT

Name Jace First Lyndon Middle Mitchell Last
Date of Birth 9 Month 21 Day 61 Year
Place of Birth (State or foreign country) Indiana
Residence Address 205 Prairie Parkway Brownsburg, IN Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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. none

- (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) _____
- (a) Full name of applicant's father John Norman Mitchell
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Patricia Jane Sutton
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Elizabeth Ann First Miller Middle Ann Last
Date of Birth 9 Month 23 Day 64 Year
Place of Birth (State or foreign country) Indiana
Residence Address 128 Cedar Run Dr Brownsburg 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) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children. none

- (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) _____
- (a) Full name of applicant's father Steven Wayne Miller
Residence of father (if deceased, so state) Ind.
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of applicant's mother Lesley Ann Miller
Residence of mother (if deceased, so state) Ind.
Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jace L. Mitchell Date 11/21/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jace L. Mitchell
New Address 4355 N. 900 E. Rd Brownsburg

Subscribed and sworn to before me this 21 day of Nov., 1990 461120
Cornie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Elizabeth A. Miller Date 11/21/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Elizabeth A. Miller
New Address 4355 N. 900 E. Rd Brownsburg 46112

Subscribed and sworn to before me this 21 day of Nov., 1990
Cornie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-26-90, authorizing the marriage of JACE LYNDON MITCHELL and ELIZABETH ANN MILLER.

I further certify that the following marriage certificate was filed in my office:

I, LARRY W. BUSH (name), certify that on 12-1-90 (date), at SPEEDWAY in MARION County, Indiana, JACE LYNDON MITCHELL of HENDRICKS County, IN (state), and ELIZABETH ANN MILLER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-26-90.

Signed by: /s/ LARRY W. BUSH MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 12-12-90 (date).

Signed Cornie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 665File 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

Medical Examination or Report Dated 11-8-90Name of Physician Stephen Deeger

MALE APPLICANT

Name Robert Allen Andry Jr.
Date of Birth 11 Month 17 Day 68 Year
Place of Birth (State or foreign country) Indiana
Residence Address 23 Rockfield Lane, Danville In
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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. none

- (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) _____
- (a) Full name of applicant's father Robert Allen Andry
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Margda Lynn Connolly
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Lisa Marie Smith
Date of Birth 5 Month 14 Day 63 Year
Place of Birth (State or foreign country) Minnesota
Residence Address 23 Rockfield Lane, Danville In
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children. none

- (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) _____
- (a) Full name of applicant's father William Duane Smith
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of applicant's mother Shirley Clotus Arneson
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Minnesota

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Robert Allen Andry Jr. Date 11-21-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Robert Allen Andry Jr.
New Address same

Subscribed and sworn to before me this 21 day of Nov, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Lisa Marie Smith Date 11-21-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Lisa Marie Smith
New Address same

Subscribed and sworn to before me this 21 day of Nov, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-21-90, authorizing the marriage of ROBERT ALLEN ANDRY JR. and LISA MARIE SMITH

I further certify that the following marriage certificate was filed in my office:

I, WILLIAM E. WRIGHT (name), certify that on 12-8-90 (date), at MOORESVILLE in MORGAN County, Indiana, ROBERT ALLEN ANDRY JR. of HENDRICKS County, IN (state), and LISA MARIE SMITH of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-21-90

Signed by: /s/ WILLIAM E. WRIGHT MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 12-11-90 (date).

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 666
File _____
Date of Application 11-26-90

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 11-27-90
Name of Physician Henry Cohen

| MALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 5. List the full names of any dependent children. <u>Timothy Nicholas, Donald Patrick, Matthew Ryan</u> | | | | |
| 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 <u>Peter Jerome Razmus</u> Residence of father (if deceased, so state) <u>Muncie IN</u> Birthplace of father (State or foreign country) <u>IN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Patricia Ann Heldenbrand</u> Residence of mother (if deceased, so state) <u>Sane</u> Birthplace of mother (State or foreign country) <u>IN</u> | | | | |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding 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 | <u>Jeffery S. Razmus</u> Date _____ |
| The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | |
| Signed | <u>Jeffery S. Razmus</u> |
| New Address | _____ |
| Subscribed and sworn to before me this | <u>26</u> day of <u>Nov.</u> , 19 <u>90</u> |
| | <u>Donna J. Gowan</u> Clerk of the HENDRICKS Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|------------------------------|
| We, the parents of this applicant, hereby give 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 |

| FEMALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | | | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | | |
| 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 applicant's father <u>Donald W. Long</u> Residence of father (if deceased, so state) <u>Pittsford IN</u> Birthplace of father (State or foreign country) <u>IN</u> | | | | |
| (b) Full maiden name of applicant's mother <u>Opalith S. Cox</u> Residence of mother (if deceased, so state) <u>Sane</u> Birthplace of mother (State or foreign country) <u>IN</u> | | | | |

| ACKNOWLEDGMENT | |
|--|---|
| I acknowledge that I have received information regarding 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 | <u>Jo Ellen Long</u> Date _____ |
| The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | |
| Signed | <u>Jo Ellen Long</u> |
| New Address | _____ |
| Subscribed and sworn to before me this | <u>26</u> day of <u>Nov.</u> , 19 <u>90</u> |
| | <u>Donna J. Gowan</u> Clerk of the HENDRICKS Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|------------------------------|
| We, the parents of this applicant, hereby give 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 |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JO ELLEN LONG.

I further certify that the following marriage certificate was filed in my office:

I, WILLIAM CHARLES McGRAW (name), certify that on 1-26-91 (date), at ZIONSVILLE in BOONE County, Indiana, JEFFERY STUART RAZMUS of WARREN County, KY (state), and JO ELLEN LONG of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of **HENDRICKS** County, Indiana, dated 1-28-91.

Signed by: /s/ WILLIAM CHARLES McGRAW MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 1-29-91 (date).

Signed Donna J. Gowan Clerk
HENDRICKS Circuit Court

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 11-1-90
Name of Physician Robert Clements

MALE APPLICANT

Name Rex First R Middle B Last Bunch
Date of Birth Month 3 Day 24 Year 40
Place of Birth (State or foreign country) Indiana (Washington)
Residence Address Street or R.R. City County State 9800 W 10th + Indpls IN 46234
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 ☐
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. _____

- 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 Harry Herman Bunch
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) IN
 - Full maiden name of applicant's mother Aura Jane Dillon
Residence of mother (if deceased, so state) Indiana (Noblesville)
Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name Cathie First S Middle C Last Cummins
Date of Birth Month 6 Day 27 Year 44
Place of Birth (State or foreign country) South Bend, Indiana
Residence Address Street or R.R. City County State 1818 Maurine Terrace Indpls IN 46214
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 ☐
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- 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? No ☒ Yes ☐
- List the full names of any dependent children. Dawn Marie Cummins 16 years old

- 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 Harold Leonard Newport
Residence of father (if deceased, so state) Acampo, CA
Birthplace of father (State or foreign country) IN
 - Full maiden name of applicant's mother Ebrence Lucille Fries
Residence of mother (if deceased, so state) Umatilla, Or
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Rex K. Bunch Date 11-26-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed _____

New Address 1763 Catalano Dr Indpls 46214

Subscribed and sworn to before me this 26th day of November, 1990

Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss: _____

Signed _____

Father

Signed _____

Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Cathie S. Cummins Date 11-26-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed _____

New Address 1763 Catalano Dr, Indpls 46214

Subscribed and sworn to before me this 26th day of November, 1990

Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss: _____

Signed _____

Father

Signed _____

Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-26-90, authorizing the marriage of REX K. BUNCH and CATHIE S. CUMMINS.

I further certify that the following marriage certificate was filed in my office:

I, J. K. BUNCH (name), certify that on 12-1-90 (date), at INDIANAPOLIS in MARTON County, Indiana, REX K. BUNCH of HENDRICKS County, IN (state), and CATHIE S. CUMMINS of MARTON County, IN (state) were 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/ J. K. WARRICK SENIOR MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 12-17-90 (date).

Signed Connie Dawson Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 668

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 12-6-90
Name of Physician M Kennedy MD

MALE APPLICANT

Name Gregory First Cohen Middle Cohen Last
Date of Birth 7 Month 12 Day 57 Year
Place of Birth (State or foreign country) Lafayette, In.
Residence Address 29 Fairlane Dr. Brownsburg, In. Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR ☐

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Marriage Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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.

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 Leo Cohen
Residence of father (if deceased, so state) Lafayette, In.
Birthplace of father (State or foreign country) New York

(b) Full maiden name of applicant's mother Mary Eldora Noel
Residence of mother (if deceased, so state) Lafayette, In.
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Pamela First King Middle King Last
Date of Birth 11 Month 29 Day 54 Year
Place of Birth (State or foreign country) Marion, In.
Residence Address 29 Fairlane Dr. Brownsburg, In. Street or R.R. City County State
Previous Marital Status: Never Married ☐ OR ☒

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Marriage Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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 father Harmon Dennis Boston
Residence of father (if deceased, so state) Marion, In.
Birthplace of father (State or foreign country) Ky.

(b) Full maiden name of applicant's mother Margaret Selma Edwards
Residence of mother (if deceased, so state) Marion, In.
Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)

Signature of Applicant Gregory Cohen Date 11-26-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Gregory Cohen

New Address _____

Subscribed and sworn to before me this 26th day of Nov, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)

Signature of Applicant Pamela G. King Date 12-14-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Pamela G. King

New Address _____

Subscribed and sworn to before me this 14th day of Dec, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 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

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 Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 669

File _____

Date of Application 11-27-90

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 11-8-90Name of Physician Mary D. Bush

MALE APPLICANT

Name First Middle Last
Donald Joseph Campbell
Date of Birth Month Day Year
12 3 60
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. City County State
37 Sherry Ln Brown
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Thomas R. Campbell
Residence of father (if deceased, so state) Brown IN
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Shirley J. Edline
Residence of mother (if deceased, so state) IN
Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name First Middle Last
Tina Marie Calvert
Date of Birth Month Day Year
7 12 57
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. City County State
518 Elderly Ave Apt. 6 Brown
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children. David

- (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) _____
- (a) Full name of applicant's father Franklin Thomas Sims
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Betty Jean Foster
Residence of mother (if deceased, so state) Brown IN
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [Signature] Date 11-27-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.

Signed [Signature]

New Address _____

Subscribed and sworn to before me this 27 day of Nov., 19 90
[Signature] Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [Signature] Date 11-27-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.

Signed [Signature]

New Address Same as above

Subscribed and sworn to before me this 27 day of Nov., 19 90
[Signature] Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 office:

I, STEVEN T. REEVES (name), certify that on 12-6-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, DONALD J. CAMPBELL of HENDRICKS County, IN (state), and TINA M. CALVERT of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 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 on 12-11-90 (date).

Signed [Signature] 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

No. 670

File

Date of Application 11-27-90

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 Michael J. Jorgensen

| MALE APPLICANT | FEMALE APPLICANT |
|--|---|
| Name <u>Gary Lee Walker</u> | Name <u>Pamela Renee Harris</u> |
| Date of Birth <u>9</u> Month <u>16</u> Day <u>49</u> Year | Date of Birth <u>5</u> Month <u>17</u> Day <u>43</u> Year |
| Place of Birth (State or foreign country) <u>IN</u> | Place of Birth (State or foreign country) <u>IN</u> |
| Residence Address <u>Same as above</u> Street or R.R. City County State | Residence Address <u>R.R. Box 2861 Clayton</u> Street or R.R. City County State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR | Previous Marital Status: Never Married <input type="checkbox"/> OR |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. <u>Carrie Lynn</u> | 5. List the full names of any dependent children. <u>Brandon Renee</u> |
| 6. (a) Full name of father of dependent children Residence of father (if deceased, so state) Birthplace of father (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) | (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 <u>Robert James Walker</u> Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>IN</u> | 7. (a) Full name of applicant's father <u>Augustine Virgil Morrison</u> Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>IN</u> |
| (b) Full maiden name of applicant's mother <u>Wilma Jean Parrish</u> Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>IN</u> | (b) Full maiden name of applicant's mother <u>Stella J. Miller</u> Residence of mother (if deceased, so state) <u>Washington IN</u> Birthplace of mother (State or foreign country) <u>IN</u> |
| 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 <u>Gary L Walker</u> Date <u>11/27/90</u> | Signature of Applicant <u>Pamela R Harris</u> Date <u>11/27/90</u> |
| 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed <u>Gary L Walker</u> | Signed <u>Pamela R Harris</u> |
| New Address <u>Same as above</u> | New Address _____ |
| Subscribed and sworn to before me this <u>27</u> day of <u>Nov.</u> , 19 <u>90</u> | Subscribed and sworn to before me this <u>27</u> day of <u>Nov.</u> , 19 <u>90</u> |
| <u>Connie Jorgensen</u> Clerk of the <u>HENDRICKS</u> Circuit Court | <u>Connie Jorgensen</u> Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: | State of Indiana <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE | |
| I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>11-27-90</u> , authorizing the marriage of <u>GARY LEE WALKER</u> and <u>PAMELA RENEE HARRIS</u> . | |
| I further certify that the following marriage certificate was filed in my office: | |
| I, <u>MYRON BARNARD</u> (name), certify that on <u>11-30-90</u> (date), at <u>INDIANAPOLIS</u> in <u>MARTON</u> County, Indiana, <u>GARY LEE WALKER</u> of <u>HENDRICKS</u> County, IN (state), and <u>PAMELA RENEE HARRIS</u> of <u>HENDRICKS</u> County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>11-30-90</u> | |
| Signed by: <u>/s/ MYRON BARNARD</u> JUDGE (official designation) | |
| Filed and recorded in accordance with the laws of the State of Indiana on <u>12-4-90</u> (date). | |
| Signed <u>Connie Jorgensen</u> Clerk <u>HENDRICKS</u> Circuit Court | |

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 671

File _____

Date of Application 11-27-90

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 W.C. Stafford

MALE APPLICANT

Name First Charles Middle Wesley Last Ewing Jr.
Date of Birth Month 12 Day 1 Year 54
Place of Birth (State or foreign country) OH
Residence Address Street or R.R. City County State
Same
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Spence

- Are you now 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. Charles Wesley Ewing Jr.
James Edward Ewing

- (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) _____
- (a) Full name of applicant's father Charles Wesley Ewing Sr.
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) OH
(b) Full maiden name of applicant's mother Betty Jean Bowen
Residence of mother (if deceased, so state) Hamilton OH
Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name First Sheila Middle Jane Last McFarland
Date of Birth Month 12 Day 29 Year 61
Place of Birth (State or foreign country) OH
Residence Address Street or R.R. City County State
9512 Harmony Dr. Adams Hendricks Co.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Spence

- Are you now 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 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? No ☒ Yes ☐
- List the full names of any dependent children. Same

- (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) _____
- (a) Full name of applicant's father Engene Patrick McFarland
Residence of father (if deceased, so state) Hamilton OH
Birthplace of father (State or foreign country) OH
(b) Full maiden name of applicant's mother Nancy Clara Spence
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) OH

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Charles Wesley Ewing Jr. Date 11-27-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Charles Wesley Ewing Jr.

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Sheila Jane McFarland Date 11-27-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Sheila Jane McFarland

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-27-90, authorizing the marriage of CHARLES W. EWING JR. and SHEILA J. MCFARLAND.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE (name), certify that on 11-27-90 (date), at DANVILLE in HENDRICKS County, Indiana, CHARLES W. EWING JR. of HENDRICKS County, IN (state), and SHEILA J. MCFARLAND of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-27-90.

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 11-27-90 (date).

Signed Betty Jean Bowen 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

No. 672File 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 11-28-90
Name of Physician W. Edwards

| MALE APPLICANT | FEMALE APPLICANT |
|--|---|
| Name <u>Vernon Edward Howard</u> | Name <u>Susan Annette Walters</u> |
| Date of Birth <u>9</u> Month <u>8</u> Day <u>67</u> Year | Date of Birth <u>7</u> Month <u>16</u> Day <u>70</u> Year |
| Place of Birth (State or foreign country) <u>IN</u> | Place of Birth (State or foreign country) <u>IN</u> |
| Residence Address <u>7282 Wagonwheel Dr. Indianapolis</u> | Residence Address <u>1625 Rd. 450 E. Danville</u> |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Edwards</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Edwards</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 _____ 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) _____ | 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 <u>George E. Howard</u> Residence of father (if deceased, so state) <u>Sullivan IN</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Joan B. Brown</u> Residence of mother (if deceased, so state) <u>Mooresville IN</u> Birthplace of mother (State or foreign country) <u>IN</u> | 7. (a) Full name of applicant's father <u>Alfred Walter Walters</u> Residence of father (if deceased, so state) <u>Danville IN</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Madonna Rosemary Bell</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IN</u> |
| 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 <u>Vernon E. Howard</u> Date <u>11/27/90</u> | I acknowledge that I have received information regarding 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 <u>Susan Walters</u> Date <u>11/27/90</u> |
| The 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Vernon E. Howard</u> New Address _____ Subscribed and sworn to before me this <u>27</u> day of <u>Nov.</u> , 19 <u>90</u> <u>Donnie Spurr</u> Clerk of the <u>HENDRICKS</u> Circuit Court | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Susan Walters</u> New Address _____ Subscribed and sworn to before me this <u>27</u> day of <u>Nov.</u> , 19 <u>90</u> <u>Donnie Spurr</u> Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: County of _____ Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk | We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) ss: County of _____ Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk |
| COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties. | |
| RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE | |
| I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>11-29-90</u> , authorizing the marriage of <u>VERNON EDWARD HOWARD</u> and <u>SUSAN ANNETTE WALTERS</u> . | |
| I further certify that the following marriage certificate was filed in my office: I, <u>D. ALAN RUMBLE</u> (name), certify that on <u>12-8-90</u> (date), at <u>DANVILLE</u> in <u>HENDRICKS</u> County, Indiana, <u>VERNON EDWARD HOWARD</u> of <u>MARION</u> County, IN (state), and <u>SUSAN ANNETTE WALTERS</u> of <u>HENDRICKS</u> County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>12-8-90</u> . Signed by: <u>/s/ D. ALAN RUMBLE</u> PASTOR (official designation) Filed and recorded in accordance with the laws of the State of Indiana on <u>12-11-90</u> (date). Signed <u>Donnie Spurr</u> Clerk <u>HENDRICKS</u> Circuit Court | |

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 673

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 11-27-90
Name of Physician Thomas Walker

| MALE APPLICANT | | FEMALE APPLICANT | |
|--|--|--|--|
| Name <u>Timothy D. Priest</u> | Name <u>Julie M. Gieseck</u> | Name <u>Julie M. Gieseck</u> | Name <u>Julie M. Gieseck</u> |
| Date of Birth <u>Feb 16 1961</u> | Date of Birth <u>April 11 1963</u> | Date of Birth <u>April 11 1963</u> | Date of Birth <u>April 11 1963</u> |
| Place of Birth (State or foreign country) <u>IN</u> | Place of Birth (State or foreign country) <u>IN</u> | Place of Birth (State or foreign country) <u>IN</u> | Place of Birth (State or foreign country) <u>IN</u> |
| Residence Address <u>1396 Avon Rd. Plainfield, IN</u> | Residence Address <u>1396 Avon Rd. Plainfield, IN</u> | Residence Address <u>1396 Avon Rd. Plainfield, IN</u> | Residence Address <u>1396 Avon Rd. Plainfield, IN</u> |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>P.S.T. - I.D.</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>P.S.T. - I.D.</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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. _____ | 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 _____ | 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) _____ | Residence of father (if deceased, so state) _____ | 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) _____ | 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 _____ | (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) _____ | Residence of mother (if 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) _____ | Birthplace of mother (State or foreign country) _____ |
| 7. (a) Full name of applicant's father <u>Clifton W. Priest</u> | 7. (a) Full name of applicant's father <u>James Gieseck</u> | 7. (a) Full name of applicant's father <u>James Gieseck</u> | 7. (a) Full name of applicant's father <u>James Gieseck</u> |
| Residence of father (if deceased, so state) <u>Albany</u> | Residence of father (if deceased, so state) <u>Braunsville, TX</u> | Residence of father (if deceased, so state) <u>Braunsville, TX</u> | Residence of father (if deceased, so state) <u>Braunsville, TX</u> |
| Birthplace of father (State or foreign country) <u>IN</u> | Birthplace of father (State or foreign country) <u>IN</u> | Birthplace of father (State or foreign country) <u>IN</u> | Birthplace of father (State or foreign country) <u>IN</u> |
| (b) Full maiden name of applicant's mother <u>Marcia Buie</u> | (b) Full maiden name of applicant's mother <u>Linda Gackmann</u> | (b) Full maiden name of applicant's mother <u>Linda Gackmann</u> | (b) Full maiden name of applicant's mother <u>Linda Gackmann</u> |
| Residence of mother (if deceased, so state) <u>Braunsville, TX</u> | Residence of mother (if deceased, so state) <u>None</u> | Residence of mother (if deceased, so state) <u>None</u> | Residence of mother (if deceased, so state) <u>None</u> |
| Birthplace of mother (State or foreign country) <u>IN</u> | Birthplace of mother (State or foreign country) <u>IN</u> | Birthplace of mother (State or foreign country) <u>IN</u> | Birthplace of mother (State or foreign country) <u>IN</u> |
| 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 <u>Timothy D. Priest</u> Date <u>11/27/90</u> | | Signature of Applicant <u>Julie M. Gieseck</u> Date <u>11/27/90</u> | |
| 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Timothy D. Priest</u> | | Signed <u>Julie M. Gieseck</u> | |
| New Address <u>1396 Avon Rd. Plainfield</u> | | New Address <u>1396 Avon Rd. Plainfield, IN 46168</u> | |
| Subscribed and sworn to before me this <u>27</u> day of <u>Nov</u> , 19 <u>90</u> | | Subscribed and sworn to before me this <u>27</u> day of <u>Nov</u> , 19 <u>90</u> | |
| <u>Connie Gibson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | <u>Connie Gibson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: | | State of Indiana <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-27-90, authorizing the marriage of TIMOTHY D. PRIEST and JULIE M. GIESECK.

I further certify that the following marriage certificate was filed in my office:

I, STANLEY J. HOLDEMAN (name), certify that on 12-15-90 (date), at GORDEN BAPTIST CHURCH in MARION County, Indiana, TIMOTHY D. PRIEST of PUTNAM County, IN (state), and JULIE M. GIESECK of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-15-90.

Signed by: /s/ STANLEY J. HOLDEMAN MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 12-18-90 (date).

Signed Connie Gibson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 674

File _____

Date of Application Nov. 28, 1990

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated none Required
Name of Physician _____

| MALE APPLICANT | FEMALE APPLICANT |
|--|--|
| Name <u>Gilbert</u> First <u>Ralph</u> Middle <u>Koopman</u> Last | Name <u>Ruth</u> First <u>Louise</u> Middle <u>Binkowski</u> Last |
| Date of Birth <u>Sept. 16</u> Month <u>1913</u> Day | Date of Birth <u>Dec. 27</u> Month <u>1926</u> Day |
| Place of Birth (State or foreign country) <u>Illinois</u> | Place of Birth (State or foreign country) <u>Illinois</u> |
| Residence Address <u>4720 E. 450 N. Danville, Ind.</u> Street or R.R. City County State | Residence Address <u>330 S. 4th St. Danville, Ind.</u> Street or R.R. City County State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR | Previous Marital Status: Never Married <input type="checkbox"/> OR |
| Last Marriage Ended By: Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Divorce Decree</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Divorce Decree</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 _____ 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) _____ | 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 <u>Gilbert Koopman</u> Residence of father (if deceased, so state) <u>deceased</u> Birthplace of father (State or foreign country) <u>Holland</u> (b) Full maiden name of applicant's mother <u>Anna Verdu muller</u> Residence of mother (if deceased, so state) <u>deceased</u> Birthplace of mother (State or foreign country) <u>Holland</u> | 7. (a) Full name of applicant's father <u>Otto Luckhardt</u> Residence of father (if deceased, so state) <u>deceased</u> Birthplace of father (State or foreign country) <u>Michigan</u> (b) Full maiden name of applicant's mother <u>Ida Hutter</u> Residence of mother (if deceased, so state) <u>deceased</u> Birthplace of mother (State or foreign country) <u>Michigan</u> |
| 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 <u>Gilbert R. Koopman</u> Date <u>Nov. 28</u> | I acknowledge that I have received information regarding 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 <u>Ruth L. Binkowski</u> Date <u>11/28/90</u> |
| The 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Gilbert R. Koopman</u> New Address <u>4720 E. 450 N. Danville, Ind.</u> Subscribed and sworn to before me this <u>28</u> day of <u>Nov.</u> 19 <u>90</u> <u>Connie Dawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Ruth L. Binkowski</u> New Address <u>4720 E. 450 N. Danville, Ind.</u> Subscribed and sworn to before me this <u>28</u> day of <u>Nov.</u> 19 <u>90</u> <u>Connie Dawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk | We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana <u>HENDRICKS</u>) ss: Signed _____ Father Signed _____ Mother Subscribed and sworn to before me this _____ day of _____, 19____ _____ Clerk |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 GILBERT RALPH KOOPMAN and RUTH LOUISE BINKOWSKI.

I further certify that the following marriage certificate was filed in my office:

I, JANICE S. CHILEWSKI (name), certify that on 12-13-90 (date), at DANVILLE in HENDRICKS County, Indiana, GILBERT RALPH KOOPMAN of HENDRICKS County, IN (state), and RUTH LOUISE BINKOWSKI of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-13-90.

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 12-13-90 (date).

Signed Connie Dawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 675

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 10-26-90
Name of Physician Steve Heeger

| MALE APPLICANT | |
|---|---|
| Name | <u>David Glenn Sexton</u> |
| Date of Birth | Month <u>08</u> Day <u>21</u> Year <u>68</u> |
| Place of Birth (State or foreign country) | <u>Indiana</u> |
| Residence Address | <u>5305 Stone Creek Dr. Charlestown IN 47111</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>Harold Glenn Sexton</u> |
| Residence of father (if deceased, so state) | <u>IN</u> |
| Birthplace of father (State or foreign country) | <u>Kentucky</u> |
| (b) Full maiden name of applicant's mother | <u>Betty Lou McCormick</u> |
| Residence of mother (if deceased, so state) | <u>IN</u> |
| Birthplace of mother (State or foreign country) | <u>IN</u> |

| FEMALE APPLICANT | |
|--|--|
| Name | <u>Deborah Dawn Newlin</u> |
| Date of Birth | Month <u>10</u> Day <u>22</u> Year <u>71</u> |
| Place of Birth (State or foreign country) | <u>Danville Indiana</u> |
| Residence Address | <u>947 Ridgewood Plainfield IN 46168</u> |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | <u>John Dwight Newlin</u> |
| Residence of father (if deceased, so state) | <u>IN</u> |
| Birthplace of father (State or foreign country) | <u>IN</u> |
| (b) Full maiden name of applicant's mother | <u>Edith Lucille Neighbors</u> |
| Residence of mother (if deceased, so state) | <u>IN</u> |
| Birthplace of mother (State or foreign country) | <u>IN</u> |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding 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 | <u>David G. Sexton</u> Date <u>11/28/90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: | I swear/affirm that the information given in this application is true and correct. |
| Signed <u>David G. Sexton</u> | |
| New Address <u>125 Hiawatha Apt 1 Georgetown Ky</u> | |
| Subscribed and sworn to before me this <u>28th</u> day of <u>November</u> 19 <u>90</u> | <u>40324</u> |
| <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>Deborah D. Newlin</u> Date <u>11-28-90</u> |
| The above applicant has 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 <u>HENDRICKS</u>) ss: | I swear/affirm that the information given in this application is true and correct. |
| Signed <u>Deborah D. Newlin</u> | |
| New Address <u>same</u> | |
| Subscribed and sworn to before me this <u>28th</u> day of <u>November</u> 19 <u>90</u> | |
| <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--|
| We, the parents of this applicant, hereby 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 <u>HENDRICKS</u>) 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 <u>HENDRICKS</u>) ss: | |
| Signed _____ Father | |
| Signed _____ Mother | |
| Subscribed and sworn to before me this _____ day of _____, 19____ | |
| _____ Clerk | |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 and DEBROAH DAWN NEWLIN.

I further certify that the following marriage certificate was filed in my office:

I, DWIGHT S. BRADFORD (name), certify that on 12-1-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, DAVID GLENN SEXTON of CLARK County, IN (state), and DEBROAH DAWN NEWLIN of HENDRICKS County, IN (state) were 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/ DWIGHT S. BRADFORD PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 12-4-90 (date).

Signed Connie Lawson 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

No. 676
File _____
Date of Application 11-28-90

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 11-12-90
Name of Physician T. Story

| MALE APPLICANT | | FEMALE APPLICANT | |
|--|--|--|--|
| Name <u>Philip</u> <u>Richard</u> <u>Lambert</u> | Name <u>Tamra Lynn</u> <u>Brandenburg</u> | Name <u>Tamra Lynn</u> <u>Brandenburg</u> | Name <u>Tamra Lynn</u> <u>Brandenburg</u> |
| Date of Birth <u>Sept</u> <u>8</u> <u>1967</u> | Date of Birth <u>Nov</u> <u>31</u> <u>1966</u> | Date of Birth <u>Nov</u> <u>31</u> <u>1966</u> | Date of Birth <u>Nov</u> <u>31</u> <u>1966</u> |
| Place of Birth (State or foreign country) <u>Indiana</u> | Place of Birth (State or foreign country) <u>Indiana</u> | Place of Birth (State or foreign country) <u>Indiana</u> | Place of Birth (State or foreign country) <u>Indiana</u> |
| Residence Address <u>3430 Country Square Dr. Dallas Texas</u> | Residence Address <u>3430 Country Square Dr. Dallas Carroll County Texas</u> | Residence Address <u>3430 Country Square Dr. Dallas Carroll County Texas</u> | Residence Address <u>3430 Country Square Dr. Dallas Carroll County Texas</u> |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>See doc</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>See doc</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>See doc</u> | Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>See doc</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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. | 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 | 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) | Residence of father (if deceased, so state) | 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) | 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 | (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) | Residence of mother (if 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) | Birthplace of mother (State or foreign country) |
| 7. (a) Full name of applicant's father <u>Martin A. Lambert</u> | 7. (a) Full name of applicant's father <u>Calvin C. Brandenburg</u> | 7. (a) Full name of applicant's father <u>Calvin C. Brandenburg</u> | 7. (a) Full name of applicant's father <u>Calvin C. Brandenburg</u> |
| Residence of father (if deceased, so state) <u>Ind.</u> | Residence of father (if deceased, so state) <u>Ind.</u> | Residence of father (if deceased, so state) <u>Ind.</u> | Residence of father (if deceased, so state) <u>Ind.</u> |
| Birthplace of father (State or foreign country) <u>Ind.</u> | Birthplace of father (State or foreign country) <u>Ind.</u> | Birthplace of father (State or foreign country) <u>Ind.</u> | Birthplace of father (State or foreign country) <u>Ind.</u> |
| (b) Full maiden name of applicant's mother <u>Teresa L. Bayt.</u> | (b) Full maiden name of applicant's mother <u>Shirley J. Johnston</u> | (b) Full maiden name of applicant's mother <u>Shirley J. Johnston</u> | (b) Full maiden name of applicant's mother <u>Shirley J. Johnston</u> |
| Residence of mother (if deceased, so state) <u>Ind.</u> | Residence of mother (if deceased, so state) <u>Ind.</u> | Residence of mother (if deceased, so state) <u>Ind.</u> | Residence of mother (if deceased, so state) <u>Ind.</u> |
| Birthplace of mother (State or foreign country) <u>Ind.</u> | Birthplace of mother (State or foreign country) <u>Ind.</u> | Birthplace of mother (State or foreign country) <u>Ind.</u> | Birthplace of mother (State or foreign country) <u>Ind.</u> |
| 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 <u>Philip R. Lambert</u> Date <u>11/28/90</u> | | Signature of Applicant <u>Tamra L. Brandenburg</u> Date <u>11-28-90</u> | |
| 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 <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Philip R. Lambert</u> | | Signed <u>Tamra L. Brandenburg</u> | |
| New Address <u>3430 Country Square Dr. #1704</u> | | New Address <u>3430 Country Square Dr. #1704</u> | |
| Subscribed and sworn to before me this <u>28</u> day of <u>Nov</u> , 19 <u>90</u> | | Subscribed and sworn to before me this <u>28</u> day of <u>Nov</u> , 19 <u>90</u> | |
| <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | | <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: | | State of Indiana <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

I 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 PHILLIP R. LAMBERT and TAMRA L. BRANDENBURY.

I further certify that the following marriage certificate was filed in my office:

I, DANIEL B. DONOHOO (name), certify that on 12-1-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, PHILLIP R. LAMBERT of DALLAS County, TX (state), and TAMRA L. BRANDENBURY of DALLAS County, TX (state) were 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/ DANIEL B. DONOHOO CATHOLIC PRIEST (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 12-4-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 677

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 11-19-90
Name of Physician L. Hammel

| MALE APPLICANT | |
|---|--|
| Name | First Middle Last Ronald Martin Bailey |
| Date of Birth | Month Day Year Jan 7 1965 |
| Place of Birth (State or foreign country) | Ind. |
| Residence Address | Street or R.R. City County State 346 N. Elm Plainfield Ind. |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | Joe H. Bailey |
| Residence of father (if deceased, so state) | Plainfield, Ind. |
| Birthplace of father (State or foreign country) | Ind. |
| (b) Full maiden name of applicant's mother | Hazel D. Martin |
| Residence of mother (if deceased, so state) | Same |
| Birthplace of mother (State or foreign country) | Ind. |

| FEMALE APPLICANT | |
|--|--|
| Name | First Middle Last Deidra S. Pirtle |
| Date of Birth | Month Day Year May 9 1966 |
| Place of Birth (State or foreign country) | Ind. |
| Residence Address | Street or R.R. City County State 346 N. Elm Plainfield Ind. |
| Previous Marital Status: | Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Dr. Lunge |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | Morris Lee Pirtle |
| Residence of father (if deceased, so state) | Plainfield, Ind. |
| Birthplace of father (State or foreign country) | Ind. |
| (b) Full maiden name of applicant's mother | Orchel Luyile Laughhead |
| Residence of mother (if deceased, so state) | Clayton, Ind. |
| Birthplace of mother (State or foreign country) | Ind. |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | X Ronald M. Bailey 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 |
| State of Indiana | HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | |
| Signed | X Ronald M. Bailey |
| New Address | Same |
| Subscribed and sworn to before me this | 28 day of Nov. 19 90 |
| Clerk of the | HENDRICKS Circuit Court |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | Deidra Pirtle 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 |
| State of Indiana | HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct. |
| County of | |
| Signed | Deidra Pirtle |
| New Address | Same |
| Subscribed and sworn to before me this | 28 day of Nov. 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: |
| County of | |
| Signed | Father |
| Signed | Mother |
| Subscribed and sworn to before me this | day of , 19 |
| Clerk | |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|-----------------|
| We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which 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 | |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 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).

Signed _____ Clerk
HENDRICKS Circuit Court

APPLICATION FOR MARRIAGE LICENSE

No. 478

File _____

HENDRICKS County

11-29-90
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 A. J. Stegmaier

| MALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> | | | | |

- Are you now 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. Darrell Ray Miller
- (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) _____
- (a) Full name of applicant's father Wilton Wayne Miller
Residence of father (if deceased, so state) Resided
Birthplace of father (State or foreign country) Ind
(b) Full maiden name of applicant's mother Betty Jean Hauke
Residence of mother (if deceased, so state) Ind
Birthplace of mother (State or foreign country) Ind

| FEMALE APPLICANT | | | | |
|---|----------------|--------|--------|-------|
| Name | First | Middle | Last | |
| Date of Birth | Month | Day | Year | |
| Place of Birth (State or foreign country) | | | | |
| Residence Address | Street or R.R. | City | County | State |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR <input type="checkbox"/> | | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> | | | | |

- Are you now 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 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Thomas Gary Hayes
Residence of father (if deceased, so state) Resided
Birthplace of father (State or foreign country) Ind
(b) Full maiden name of applicant's mother Shirley Gene Brown
Residence of mother (if deceased, so state) Ind
Birthplace of mother (State or foreign country) Ind

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>Darrell Ray Miller</u> Date <u>11-29-90</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court | _____ Date _____ |

| | | | |
|--|---------------------------|--------------|--|
| State of Indiana |) | ss: | I swear/affirm that the information given in this application is true and correct. |
| County of | <u>HENDRICKS</u> | | |
| Signed | <u>Darrell Ray Miller</u> | | |
| New Address | <u>SAME AS ABOVE</u> | | |
| Subscribed and sworn to before me this | <u>29</u> | day of | <u>Nov.</u> , 19 <u>90</u> |
| | <u>Connie Gausman</u> | Clerk of the | <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|----------------------------|
| We, the parents of this applicant, hereby 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 | <u>HENDRICKS</u>) ss: |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this | _____ day of _____, 19____ |
| | _____ Clerk |

| ACKNOWLEDGMENT | |
|--|--|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant | <u>Lanae A. Hayes</u> Date <u>11-29-90</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court | _____ Date _____ |

| | | | |
|--|-----------------------|--------------|--|
| State of Indiana |) | ss: | I swear/affirm that the information given in this application is true and correct. |
| County of | <u>HENDRICKS</u> | | |
| Signed | <u>Lanae A. Hayes</u> | | |
| New Address | _____ | | |
| Subscribed and sworn to before me this | <u>29</u> | day of | <u>Nov.</u> , 19 <u>90</u> |
| | <u>Connie Gausman</u> | Clerk of the | <u>HENDRICKS</u> Circuit Court |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|----------------------------|
| We, the parents of this applicant, hereby 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 | <u>HENDRICKS</u>) ss: |
| Signed | _____ Father |
| Signed | _____ Mother |
| Subscribed and sworn to before me this | _____ day of _____, 19____ |
| | _____ Clerk |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 DARRELL RAY MILLER and LANAE A. HAYES.

I further certify that the following marriage certificate was filed in my office:

I, EDWIN J. PHILLIPS (name), certify that on 12-14-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, DARRELL RAY MILLER of HENDRICKS County, IN (state), and LANAE A. HAYES of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-14-90.

Signed by: /s/ EDWIN J. PHILLIPS PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 12-18-90 (date).

Signed Connie Gausman Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 679

File _____

Date of Application 11-29-90

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 11-28-90Name of Physician J. M. Neely

MALE APPLICANT

Name First DALE Middle LEE Last STEVENSON
Date of Birth Month 9 Day 15 Year 66
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. City County State
456 Fifth St Danville
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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. _____

- 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 Harold Marshall Stevenson
Residence of father (if deceased, so state) Danville IN
Birthplace of father (State or foreign country) IN
 - Full maiden name of applicant's mother Helena Jean Hyatt
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name First LISA Middle ANN Last FIGG
Date of Birth Month 7 Day 19 Year 70
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. City County State
10020 W. Morris Indpls. Hendricks Co.
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? No ☒ Yes ☐
- List 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 Richard Arthur Figg
Residence of father (if deceased, so state) Indpls Ind IN
Birthplace of father (State or foreign country) IN
 - Full maiden name of applicant's mother Sue Ellen Miller
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Dale Lee Stevenson 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.

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 X Dale Lee StevensonNew Address 560 Kimberly Ave. P.O. Box 100

Subscribed and sworn to before me this 29 day of Nov., 19 90
Conne Ferguson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Lisa Figg 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.

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 X Lisa FiggNew Address Same

Subscribed and sworn to before me this 29 day of Nov., 19 90
Conne Ferguson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-30-90, authorizing the marriage of DALE LEE STEVENSON and LISA ANN FIGG.

I further certify that the following marriage certificate was filed in my office:

I, J. E. CHILDRESS (name), certify that on 12-15-90 (date), at INDIANAPOLIS in MARION County, Indiana, DALE LEE STEVENSON of HENDRICKS County, IN (state), and LISA ANN FIGG of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-15-90.

Signed by: /s/ J. E. CHILDRESS, MINISTER (official designation)Filed and recorded in accordance with the laws of the State of Indiana on 12-26-90 (date).

Signed Conne Ferguson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 680

File _____

Date of Application 11-30-90

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 11-5-90
Name of Physician Joseph Thompson

MALE APPLICANT

Name Charles First Leroy Middle Sellers Last
Date of Birth Month 10 Day 20 Year 1962
Place of Birth (State or foreign country) OH
Residence Address Street or R.R. City County State
1615 Lexington Ave. Indpls.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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. Daniel Marie Sellers
Margaret Marie Sellers, Charles Matthew Sellers
- (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) _____
- (a) Full name of applicant's father Ernest Lee Sellers
Residence of father (if deceased, so state) Indpls. Ind.
Birthplace of father (State or foreign country) KY
(b) Full maiden name of applicant's mother Melina Myers
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) KY

FEMALE APPLICANT

Name Jody First Ann Middle Bennett Last
Date of Birth Month 8 Day 13 Year 1972
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. City County State
6246 St. Rd. 236 North Salem
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 ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- 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? 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) _____
Birthplace of mother (State or foreign country) _____
- (a) Full name of applicant's father Hayden Bennett
Residence of father (if deceased, so state) Indpls. Ind.
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Phyllis Carol Bonheart
Residence of mother (if deceased, so state) North Salem Ind.
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Charles L Sellers Date 11-30-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Charles L Sellers

New Address 243 S. Main Indpls.

Subscribed and sworn to before me this 30 day of Nov., 1990

Connie Spence Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Jody Ann Bennett Date 11-30-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jody Ann Bennett

New Address _____

Subscribed and sworn to before me this 30 day of Nov., 1990

Connie Spence Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 CHARLES LEROY SELLERS and JODY ANN BENNETT.

I further certify that the following marriage certificate was filed in my office:

I, WILLIAM PERRY FOUTS (name), certify that on 12-24-90 (date), at INDIANAPOLIS in MARION County, Indiana, CHARLES LEROY SELLERS of MARION County, IN (state), and JODY ANN BENNETT of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 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 Connie Spence Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 681

File _____

Date of Application 11-30-90

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 10-30-90
Name of Physician Betty Doney

| MALE APPLICANT | | | |
|---|--|-----------------------|-------------------|
| Name | First <u>Steven</u> | Middle <u>Dominic</u> | Last <u>Onate</u> |
| Date of Birth | Month <u>3</u> | Day <u>12</u> | Year <u>62</u> |
| Place of Birth (State or foreign country) | <u>IL</u> | | |
| Residence Address | Street or R.R. | City | County State |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | | |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 5. List the full names of any dependent children. <u>Bridget</u> | | | |
| 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 <u>Daniel Julian Onate</u> Residence of father (if deceased, so state) <u>Chicago IL</u> Birthplace of father (State or foreign country) <u>IL</u> | | | |
| (b) Full maiden name of applicant's mother <u>Benedetta Broderick</u> Residence of mother (if deceased, so state) <u>Indianapolis IN</u> Birthplace of mother (State or foreign country) <u>IL</u> | | | |

| FEMALE APPLICANT | | | |
|---|--|---------------------|-------------------|
| Name | First <u>Teresa</u> | Middle <u>Carol</u> | Last <u>Jones</u> |
| Date of Birth | Month <u>12</u> | Day <u>7</u> | Year <u>65</u> |
| Place of Birth (State or foreign country) | <u>IN</u> | | |
| Residence Address | Street or R.R. | City | County State |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> | | |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> | | |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u> | | |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | | |
| 5. List the full names of any dependent children. <u>Randy Allen</u> | | | |
| 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 <u>Henry Edward Hovsep</u> Residence of father (if deceased, so state) <u>Chicago IN</u> Birthplace of father (State or foreign country) <u>IN</u> | | | |
| (b) Full maiden name of applicant's mother <u>Dimitria M. Stephanoff</u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IN</u> | | | |

| ACKNOWLEDGMENT | |
|--|----------------------|
| I acknowledge that I have received information regarding 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 <u>Steven D. Onate</u> | Date <u>11-30-90</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court _____ | Date _____ |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Steven D. Onate</u> | |
| New Address _____ | |
| Subscribed and sworn to before me this <u>30</u> day of <u>Nov.</u> , 19 <u>90</u> | |
| <u>Connie Dawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--------|
| We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ | |
| State of Indiana <u>HENDRICKS</u>) ss: | |
| County of _____) | |
| Signed _____ | Father |
| Signed _____ | Mother |
| Subscribed and sworn to before me this _____ day of _____, 19 _____ | |
| Clerk _____ | |

| ACKNOWLEDGMENT | |
|--|----------------------|
| I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). | |
| Signature of Applicant <u>Teresa C. Jones</u> | Date <u>11-30-90</u> |
| The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. | |
| Clerk of Court _____ | Date _____ |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | |
| Signed <u>Teresa C. Jones</u> | |
| New Address _____ | |
| Subscribed and sworn to before me this <u>30</u> day of <u>Nov.</u> , 19 <u>90</u> | |
| <u>Connie Dawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court | |

| CONSENT OF PARENTS, PARENT, OR GUARDIAN | |
|--|--------|
| We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ | |
| State of Indiana <u>HENDRICKS</u>) ss: | |
| County of _____) | |
| Signed _____ | Father |
| Signed _____ | Mother |
| Subscribed and sworn to before me this _____ day of _____, 19 _____ | |
| Clerk _____ | |

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-30-90, authorizing the marriage of STEVEN ONATE and TERESA JONES.

I further certify that the following marriage certificate was filed in my office:

I, DIMITAR ANGELOU (name), certify that on 12-1-90 (date), at INDIANAPOLIS in MARTON County, Indiana, STEVEN ONATE of HENDRICKS County, IN (state), and TERESA JONES of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-1-90.

Signed by: /s/ DIMITAR ANGELOU, PRIEST (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 12-5-90 (date).

Signed Connie Dawson 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

No. 682File 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 11-27-90
Name of Physician Katon MD

MALE APPLICANT

Name Richard Carl Littlefield
Date of Birth 5 Month 11 Day 58 Year
Place of Birth (State or foreign country) Cleveland, Ohio
Residence Address 8605 N 925 E Brownsburg, In.
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Daughter

- Are you now 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. None

- (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) _____
- (a) Full name of applicant's father Richard Carl Littlefield
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Wisconsin
(b) Full maiden name of applicant's mother Janice White
Residence of mother (if deceased, so state) Cleveland, Oh.
Birthplace of mother (State or foreign country) Ohio

FEMALE APPLICANT

Name Pauline Ann Arteno
Date of Birth 7 Month 23 Day 50 Year
Place of Birth (State or foreign country) Akron, Ohio
Residence Address 8605 N 925 E Brownsburg, In.
Previous Marital Status: Never Married ☐ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Daughter

- Are you now 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 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? No ☒ Yes ☐
- List the full names of any dependent children. David M. Arteno 11 yrs.

- (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) _____
- (a) Full name of applicant's father Paul William Sleazy
Residence of father (if deceased, so state) Akron, Oh.
Birthplace of father (State or foreign country) Ohio
(b) Full maiden name of applicant's mother Beatrice Mary Mackey
Residence of mother (if deceased, so state) Akron, Ohio
Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Richard Littlefield Date 12-3-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Richard Littlefield

New Address _____

Subscribed and sworn to before me this 3rd day of Dec., 1990
Cornie Lawen Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Pauline A. Arteno Date 12-3-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Pauline A. Arteno

New Address _____

Subscribed and sworn to before me this 3rd day of Dec., 1990
Cornie Lawen Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 RICHARD CARL LITTLEFIELD and PAULINE ANN ARTENO.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE (name), certify that on 12-3-90 (date), at DANVILLE in HENDRICKS County, Indiana, RICHARD CARL LITTLEFIELD of HENDRICKS County, IN (state), and PAULINE ANN ARTENO of HENDRICKS County, IN (state) were 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/ CYNTHIA J. SPENCE, 1ST DEPUTY CLERK (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 12-3-90 (date).

Signed Cornie Lawen Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 683

File

Date of Application 12-3-90

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 11-15-90Name of Physician Dr. Timothy Seery

MALE APPLICANT

Name Yassir First Karam Middle Last
Date of Birth Month 3 Day 12 Year 69
Place of Birth (State or foreign country) Morocco
Residence Address 6747 Palmer Rd. Indianapolis 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) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father MOHAMMED KARAM
Residence of father (if deceased, so state) MOROCCO
Birthplace of father (State or foreign country) MOROCCO
(b) Full maiden name of applicant's mother FATIMA MELLOUK
Residence of mother (if deceased, so state) MOROCCO
Birthplace of mother (State or foreign country) MOROCCO

FEMALE APPLICANT

Name Lucinda First Marie Middle Last Griner
Date of Birth Month 10 Day 13 Year 67
Place of Birth (State or foreign country) IN
Residence Address 5805 E 800 N Street or R.R. City County State Bluff
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father Paul Ivan Griner
Residence of father (if deceased, so state) Bluff IN
Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Marionne Louise Pedigo
Residence of mother (if deceased, so state) Bluff
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Yassir Karam Date

The above applicant has 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 X Yassir Karam

New Address

Subscribed and sworn to before me this 3 day of Dec, 1990
Donnie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Lucinda M Griner Date 12-3-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Lucinda M Griner

New Address

Subscribed and sworn to before me this 3 day of Dec, 1990
Donnie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 YASSIR KARAM and LUCINDA M. GRINER.

I further certify that the following marriage certificate was filed in my office:

I, R. FRED RODKEY (name), certify that on 12-15-90 (date), at 1:30 p.m. in HENDRICKS County, Indiana, YASSIR KARAM of MARTON County, IN (state), and LUCINDA M. GRINER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-15-90.

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 Donnie Johnson Clerk
HENDRICKS Circuit Court

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 684

File

12-6-90
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 circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female

Medical Examination or Report Dated

Name of Physician David B. Haggard

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ 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 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)
- (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)

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ 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 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? 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)
Birthplace of mother (State or foreign country)
- (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 Date 12/6/90

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

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed

New Address

Subscribed and sworn to before me this 6 day of Dec, 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)
County of HENDRICKS) ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Date

The above applicant has 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 Stacy L. Martin

New Address

Subscribed and sworn to before me this 6 day of Dec, 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)
County of HENDRICKS) ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-6-90, authorizing the marriage of LARRY W. MARTIN JR. and STACY L. MARTIN.

I further certify that the following marriage certificate was filed in my office:

I, CARL AKARD RILEY (name), certify that on 12-8-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, LARRY W. MARTIN JR. of HENDRICKS County, IN (state), and STACY L. 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 12-8-90.

Signed by: /s/ CARL AKARD RILEY MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 12-12-90 (date).

Signed Clerk

HENDRICKS Circuit Court

594

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. 685

File

12-7-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female

Medical Examination or Report Dated 12-7-90

Name of Physician David B. Haggard M.D.

MALE APPLICANT

Name Ralph Edward Jewell
Date of Birth Month 8 Day 9 Year 64
Place of Birth (State or foreign country) Lafayette, Ind.
Residence Address 23 Butler Dr. Plainfield, Ind.
Previous Marital Status: Never Married ☐ OR ☒

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Quinn's Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____

6. (a) Full name of father of dependent children _____
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 Arthur Charlie Jewell
Residence of father (if deceased, so state) Lafayette, Ind.
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of applicant's mother Wazel Marie Ledman
Residence of mother (if deceased, so state) Lafayette, Ind.
Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name Deborah Lee Martin
Date of Birth Month 7 Day 10 Year 64
Place of Birth (State or foreign country) Danville, Ind.
Residence Address 23 Butler Dr. Plainfield, Ind.
Previous Marital Status: Never Married ☒ OR ☐

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Quinn's Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____

6. (a) Full name of father of dependent children _____
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 Robert H. Martin
Residence of father (if deceased, so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Ind.
(b) Full maiden name of applicant's mother Shirley A. Carter
Residence of mother (if deceased, so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Ralph E. Jewell Date 12-7-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Ralph E. Jewell

New Address _____

Subscribed and sworn to before me this 7 day of Dec., 1990
Connie Hanson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Deborah L. Martin Date 12-7-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Deborah L. Martin

New Address _____

Subscribed and sworn to before me this 7 day of Dec., 1990
Connie Hanson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-7-90, authorizing the marriage of RALPH EDWARD JEWELL and DEBORAH LEE MARTIN.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE (name), certify that on 12-7-90 (date), at DANVILLE in HENDRICKS County, Indiana, RALPH EDWARD JEWELL of HENDRICKS County, IN (state), and DEBORAH LEE 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 12-7-90.

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 12-7-90 (date).

Signed Connie Hanson 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

No. 686

File _____

Date of Application 12-7-90HENDRICKS 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 Dr. Dineen

| MALE APPLICANT | FEMALE APPLICANT |
|---|---|
| Name <u>Brian</u> First <u>Keith</u> Middle <u>Harvey</u> Last | Name <u>Sherry</u> First <u>Lavonne</u> Middle <u>Meador</u> Last |
| Date of Birth <u>9</u> Month <u>27</u> Day <u>67</u> Year | Date of Birth <u>3</u> Month <u>6</u> Day <u>71</u> Year |
| Place of Birth (State or foreign country) <u>IN</u> | Place of Birth (State or foreign country) <u>IN</u> |
| Residence Address <u>9625 Greenwood Dr Apt B Pigeon</u> Street or R.R. <u>Same</u> City <u>Same</u> County <u>Same</u> State <u>Same</u> | Residence Address <u>9625 Greenwood Dr Apt B Pigeon</u> Street or R.R. <u>Same</u> City <u>Same</u> County <u>Same</u> State <u>Same</u> |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR | Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Deliver</u> | Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____ |
| 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> | 1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. <u>Same</u> | 5. List the full names of any dependent children. <u>Robert & Matthew</u> |
| 6. (a) Full name of father of dependent children _____ Residence of father (if deceased, so state) _____ Birthplace of father (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) _____ | (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 <u>Robert & William Harvey Jr</u> Residence of father (if deceased, so state) _____ Birthplace of father (State or foreign country) _____ | 7. (a) Full name of applicant's father <u>Donnell M. Meador</u> Residence of father (if deceased, so state) <u>Blug IN</u> Birthplace of father (State or foreign country) <u>W VA</u> |
| (b) Full maiden name of applicant's mother <u>Patricia Ann Brown</u> Residence of mother (if deceased, so state) <u>Adopted</u> Birthplace of mother (State or foreign country) <u>IN</u> | (b) Full maiden name of applicant's mother <u>Deloris J. Jumper</u> Residence of mother (if deceased, so state) <u>Pigeon IN</u> Birthplace of mother (State or foreign country) <u>W VA</u> |
| 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 <u>Brian K Harvey</u> Date <u>12/7/90</u> | Signature of Applicant <u>Sherry L Meador</u> Date <u>12-7-90</u> |
| 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 <u>12/7/90</u> | Clerk of Court _____ Date _____ |
| State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. | State of Indiana <u>HENDRICKS</u>) ss: I swear/affirm that the information given in this application is true and correct. |
| Signed <u>Brian K Harvey</u> | Signed <u>Sherry L Meador</u> |
| New Address _____ | New Address _____ |
| Subscribed and sworn to before me this <u>12-7</u> day of <u>19 90</u> | Subscribed and sworn to before me this <u>12-7</u> day of <u>19 90</u> |
| <u>Donna J. Jumper</u> Clerk of the <u>HENDRICKS</u> Circuit Court | <u>Donna J. Jumper</u> Clerk of the <u>HENDRICKS</u> Circuit Court |
| CONSENT OF PARENTS, PARENT, 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 <u>HENDRICKS</u>) ss: | State of Indiana <u>HENDRICKS</u>) 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 LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-7-90, authorizing the marriage of BRIAN K. HARVEY and SHERRY L. MEADOR.

I further certify that the following marriage certificate was filed in my office:

I, JAMES A. JONES (name), certify that on 12-11-90 (date), at BROWNSBURG in HENDRICKS County, Indiana, BRIAN K. HARVEY of MARION County, IN (state), and SHERRY L. MEADOR of HENDRICKS County, IN (state) were 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/ JAMES A. JONES MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 12-11-90 (date).

Signed Donna J. Jumper Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 687

File

Dec 7, 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 11-23-90
Name of Physician Dr. Harris

MALE APPLICANT

Name David W Goda
Date of Birth Feb 7 1965
Place of Birth (State or foreign country) Ind
Residence Address 507 Magnolia Dr Pepp Ind
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence 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 applicant's father Warren Lee Goda
Residence of father (if deceased, so state) Magnolia Dr. Pepp Ind
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Marlyn Sue Shaw
Residence of mother (if deceased, so state) Magnolia Dr. Pepp Ind
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Karen M Stalcup
Date of Birth Feb 4 1965
Place of Birth (State or foreign country) Ind
Residence Address 5950 Apache Wells # 424 Indianapolis Ind
Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence 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 applicant's father Charles Lee Stalcup
Residence of father (if deceased, so state) Blountfield Ind
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Lorena Mae Hays
Residence of mother (if deceased, so state) Decatur
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant David W Goda Date 12-7-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

X Signed David W Goda

New Address same

Subscribed and sworn to before me this 7th day of Dec, 1990

Cornie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Karen M. Stalcup Date 12-7-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

X Signed Karen M. Stalcup

New Address 5950 Apache Wells # 424, Indianapolis, Ind

Subscribed and sworn to before me this 7th day of Dec, 1990

Cornie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-7-90, 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 on 12-29-90 (date), at PLAINFIELD in HENDRICKS County, Indiana, DAVID W. GODA of HENDRICKS County, IN (state), and KAREN M. STALCUP of MARTON County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-29-90.

Signed by: /s/ KEVIN R. KOTTKE, PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 1-3-91 (date).

Signed Cornie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 688
File _____
Date of Application 12-10-90

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 12-5-90
Name of Physician Dr. Howell

| MALE APPLICANT | |
|---|---|
| Name | Edward Eugene Huggler |
| Date of Birth | Feb 8 1930 |
| Place of Birth (State or foreign country) | Indiana |
| Residence Address | 344 E 2005, Danville, Hendricks, In |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the female applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 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 applicant's father | Edward Harold Hugg |
| Residence of father (if deceased, so state) | Indiana |
| Birthplace of father (State or foreign country) | Indiana |
| (b) Full maiden name of applicant's mother | Mary Pauline Miller |
| Residence of mother (if deceased, so state) | Indiana |
| Birthplace of mother (State or foreign country) | Indiana |

| FEMALE APPLICANT | |
|--|---|
| Name | Sarah Lanina Soles |
| Date of Birth | July 10 1945 |
| Place of Birth (State or foreign country) | Indiana |
| Residence Address | 122 E 16th, Batesville, Putnam, In |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input type="checkbox"/> |
| Last Marriage Ended By: | Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u> |
| 1. Are you now or have you ever been adjudged to be of unsound mind? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| If answer is "yes," has the adjudication been removed? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2. Are you related to the male applicant closer than second cousin? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Are you now under the influence of an alcoholic beverage? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4. Are you now under the influence of a narcotic drug? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5. List the full names of any dependent children. | Sabatha Lynn Withers 16 yrs. |
| 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 | Wilbur Henry Arnold Sr. |
| Residence of father (if deceased, so state) | Idaho |
| Birthplace of father (State or foreign country) | |
| (b) Full maiden name of applicant's mother | Winnie Lucille Kanauer |
| Residence of mother (if deceased, so state) | Idaho |
| 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 Edward E. Huggler 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 _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
Signed Edward E. Huggler
New Address Same
Subscribed and sworn to before me this 10 day of Dec, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana HENDRICKS) ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Sarah L. Soles 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 _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.
Signed Sarah L. Soles
New Address 344 E - 2005 Rd
Subscribed and sworn to before me this 10 day of Dec, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana HENDRICKS) ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 Edward Eugene Huggler and Sarah Lanina Soles.

I further certify that the following marriage certificate was filed in my office:

I, Paul E. Keller (name), certify that on 12-15-90 (date), at Danville in Hendricks County, Indiana, Edward Eugene Huggler of Hendricks County, Indiana (state), and Sarah Lanina Soles of Putnam 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 12-10-90.

Signed by: Paul E. Keller Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 1-7-91 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 689

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 11-29-90
Name of Physician Charles Sept

MALE APPLICANT

Name Mark First Andrew Middle McCullough Last
Date of Birth 3 Month 2 Day 70 Year
Place of Birth (State or foreign country) Indiana
Residence Address 914 Ardley Street or R.R. Maple City Marion County Ind State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence 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 applicant's father John Loren McCullough
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Nancy Suzanne Hilbrich
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Florida

FEMALE APPLICANT

Name Lynn First M Middle Sedam Last
Date of Birth 3 Month 9 Day 71 Year
Place of Birth (State or foreign country) Indiana
Residence Address 1594 N Rd 600 E Street or R.R. Parsons City Hendricks County Ind State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence 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 applicant's father Harold Dean Sedam
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Joan Marie Sedam
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Mark A. McCullough Date Dec 10, 1990

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.

X Signed Mark A. McCullough
New Address _____

Subscribed and sworn to before me this 10 day of Dec, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:
County of _____)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Lynn M Sedam Date Dec. 10, 1990

The above applicant has 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) ss: I swear/affirm that the information given in this application is true and correct.

X Signed Lynn M. Sedam
New Address _____

Subscribed and sworn to before me this 10 day of Dec, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:
County of _____)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 LYNN MICHELLE SEDAM.

I further certify that the following marriage certificate was filed in my office:

I, DANIEL L. FRENCH (name), certify that on 12-15-90 (date), at INDIANAPOLIS in MARTON County, Indiana, MARK A. MCCULLOUGH of MARTON County, IN (state), and LYNN M. SEDAM of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit

Court of HENDRICKS County, Indiana, dated 12-15-90
Signed by: /s/ DANIEL L. FRENCH MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 12-17-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 690

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 D. H. Himmelstein

MALE APPLICANT

Name Jeffrey First AK Middle Ridenour Last
Date of Birth 10 Month 4 Day 65 Year
Place of Birth (State or foreign country) Iowa
Residence Address 4530 Candlish Dr Apt 14, Indianapolis, Marion, IN
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Lic

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father Joseph Amos Ridenour
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Sandra Sue Ridenour
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Iowa

FEMALE APPLICANT

Name Denise First May Middle Schopper Last
Date of Birth 4 Month 2 Day 65 Year
Place of Birth (State or foreign country) Indiana
Residence Address 10982 Maloney Rd, Greenwood, Hendricks, IN
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Lic

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? 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)
Birthplace of mother (State or foreign country)
- (a) Full name of applicant's father Philip Joseph Schopper
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Angela Ivy Schopper
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) West Britain

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Jeffrey A.K. Ridenour 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 _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

X Signed Jeffrey A.K. Ridenour
New Address _____

Subscribed and sworn to before me this 10 day of Dec, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Denise M Schopper 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 _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

X Signed Denise M Schopper
New Address _____

Subscribed and sworn to before me this 10 day of Dec, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana HENDRICKS) ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 JEFFREY A. K. RIDENOUR and DENISE MAY SCHOPPER.

I further certify that the following marriage certificate was filed in my office:

I, ANDREW P. CROWLEY (name), certify that on 1-19-91 (date), at SPEEDWAY in MARION County, Indiana, JEFFREY A. K. RIDENOUR of MARION County, IN (state), and DENISE MAY SCHOPPER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 1-19-91.

Signed by: /s/ ANDREW P. CROWLEY SENIOR MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 1-29-91 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 691File 12-11-90

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-6-90
Name of Physician Raymond Lee MD

MALE APPLICANT

Name Jim First Harrell Last
Date of Birth 10 Month 4 Day 42 Year
Place of Birth (State or foreign country) Ga.
Residence Address 221 S. Cross St. Danville, In.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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: James Harrell 17yrs
Johnny Harrell 17yrs & Robin Harrell 16 yrs.
- (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) _____
- (a) Full name of applicant's father Ervin James Harrell
Residence of father (if deceased, so state) Danville, In.
Birthplace of father (State or foreign country) Ga.
(b) Full maiden name of applicant's mother Robin Mc Donald
Residence of mother (if deceased, so state) Danville, In.
Birthplace of mother (State or foreign country) Ga.

FEMALE APPLICANT

Name Joan Diane First Cherewatti Last
Date of Birth 8 Month 24 Day 44 Year
Place of Birth (State or foreign country) Bronx, N.Y.
Residence Address 639 Liberty Meadows Rd, Plainfield, In.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you 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? No ☒ Yes ☐
- List the full names of any dependent children: Julianne Craper 11yrs.
- (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) _____
- (a) Full name of applicant's father John Cherewatti
Residence of father (if deceased, so state) San City West, AZ.
Birthplace of father (State or foreign country) New York
(b) Full maiden name of applicant's mother Kathleen Jane Ach
Residence of mother (if deceased, so state) San City West, AZ.
Birthplace of mother (State or foreign country) Ga.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Jim Harrell Date 12-11-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jim Harrell
New Address 639 Liberty Meadows

Subscribed and sworn to before me this 11th day of Dec, 1990
Connie Larson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Joan D. Cherewatti Date 12/11/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed Joan D. Cherewatti
New Address _____

Subscribed and sworn to before me this 11th day of Dec, 1990
Connie Larson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give 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. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-11-90, authorizing the marriage of JIM HARRELL and JOAN DIANE CHEREWATTI.

I further certify that the following marriage certificate was filed in my office:

I, RONALD E. McDUGLE (name), certify that on 12-15-90 (date), at DANVILLE in HENDRICKS County, Indiana, JIM HARRELL of HENDRICKS County, IN (state), and JOAN DIANE CHEREWATTI of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-15-90.

Signed by: /s/ RONALD E. McDUGLE MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 12-17-90 (date).

Signed Connie Larson Clerk
HENDRICKS Circuit Court